



VILLAGE OF WOODMERE

BUILDING DEPARTMENT

27899 Chagrin Boulevard
Woodmere Village, OH 44122
Phone: 216.831.9511 ext 235 Fax: 216.292.7023

2017 CONTRACTOR REGISTRATION APPLICATION

Date: _____
Company Name: _____
FID#/SSN: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Business Hours: _____
Cell Phone: _____ E-Mail: _____

REGISTRATION TYPE: New Renewal
CONTRACTOR TYPE: General Electrical Plumbing HVAC Other _____
PRESENT/PROPOSED PROJECT IN WOODMERE: _____
ADDRESS OF PROJECT: _____

REQUIREMENTS: Registration Fee - \$ 100.00

- Certificate of Insurance naming Village of Woodmere as an additional insured, listing any exclusions to your policy with a declaration page attached. **(NOTE: If this is a roofing project, you MUST also provide proof of insurance that your company is insured to cover roofs).**
- BWC Certificate
- Copy of State License - **(REQUIRED)** for Electrical, Plumbing, HVAC and Refrigeration Contractors)
- Self-addressed Stamped Envelope

Contractor Registrations expire on December 31st.

**** Work Started Without Obtaining a Permit is Double the Permit Fee plus \$50.00 (Ord. No. 1329.06).**

Contractor's Signature

Print Contractor's Name

**All fees must in the form of a company check, certified check, cash, or money order.
We DO NOT accept personal checks or credit cards.**

FOR OFFICE USE ONLY
CHECK # _____
CASH: _____
Registration Certificate # _____



FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) _____

FILING STATUS: CORPORATION ESTATE/TRUST LLC NON-PROFIT PARTNERSHIP S-CORP. SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY? _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE.

NAICS _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____

CONTRACTOR INFORMATION

MUNICIPALITY: _____

BUILDING PERMIT #: _____

ADDRESS OF CONSTRUCTION SITE: _____

TOTAL CONTRACT AMOUNT: \$ _____

As the contractor, will your company be withholding local income tax from all employees on the job? YES NO

COMPANY/ADDRESS - CITY, STATE AND ZIP	OFFICER/OWNER NAME PHONE NUMBER	SOCIAL SECURITY OR FEDERAL I.D. NUMBER	ESTIMATED START DATE	NUMBER OF EMPLOYEES	ESTIMATED WAGES PER MONTH	TRADE
0021-RCU-OR ZM0						
0021-RCU-OR BC0						
0021-RCU-OR BC0						
0021-RCU-OR BC0						
0021-RCU-OR BC0						
0021-RCU-OR BC0						
0021-RCU-OR BC0						

If necessary attach a separate sheet

The information requested on this form is essential to the establishment of your account and will be held in strict confidence. Please complete and sign this Registration Form and return within 15 days. Prompt completion of this form now can save you the expenditure of additional time and effort in the future. If you have any questions please contact the Business Registration Department at one of the numbers below. Thank you for your cooperation.

SEND RESPONSE TO:

REGIONAL INCOME TAX AGENCY
 ATTN: BUSINESS REGISTRATION
 P.O. BOX 477900
 BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND LOCAL: (440) 526-0900
 COLUMBUS LOCAL: (614) 538-0512
 YOUNGSTOWN LOCAL: (330) 743-3400

TDD: (440) 526-5332
 TOLL FREE: 1-(800) 860-RITA (7482)
 FAX: (440) 526-3136