

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149
APPLICATION FOR REGISTRATION INSTRUCTIONS

These instructions are available at www.strongsville.org or call us at 440-580-3105

All persons/companies doing **SNOW REMOVAL** in the City of Strongsville must be registered with the City. Attached are your registration application forms. No bond is required.

1. **ALL REGISTRATION CERTIFICATES ARE MAILED TO YOU OR EMAILED TO YOU IF YOU PROVIDE AN EMAIL ADDRESS. PLEASE ATTACH AN EMAIL ADDRESS.**
2. Attach copy of driver's license or state ID.
3. Your insurance company must attach the Certificate of Insurance. We are to be listed as the Certificate Holder **not** Additional Insured.
4. Attach a check or money order payable to the City of Strongsville for \$100.00 for ALL types of registrations.
5. Complete the Regional Income Tax Agency form. Questions can be referred to the phone number at the bottom of the form.
6. Fill in the forms COMPLETELY. Do not leave any lines blank. "Renewal" is not an acceptable answer. **Incomplete forms will be returned to you.**
7. **Mail your check and paperwork to 16099 Foltz Parkway, Strongsville, Ohio 44149 or apply online at strongsville.org.**

After your registration paperwork is processed, we will mail it to you or email it to you if you provided an email address.

FOR INTERNAL USE ONLY:
LICENSE NUMBER _____
DATE ISSUED _____

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149

APPLICATION FOR REGISTRATION

This form is available at www.strongsville.org or call us at 440-580-3105

PLEASE PRINT:

I _____ do hereby make application for a license to operate as a Snow Removal contractor
(officer or principal listed below) (trade)

within the corporation limits of Strongsville, Ohio and I am the authorized representative of _____
(company name)

located at _____
(full business mailing address)

EMAIL ADDRESS _____ FEDERAL ID# _____

PHONE # (____) _____ FAX # (____) _____

The following are officers or principals in the above-named company (one of which must sign below and must sign bond):

- | | |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

List your experience and training, which qualifies you (your company) for a license: state special training, last employment or business association, years of experience at the trade, etc.:

Do you have a State of Ohio license in Electrical, HVAC or Plumbing? _____ If yes, attach copy of license.

List municipal licenses you currently hold:	LICENSE #	DATE ISSUED
1. _____		
2. _____		

I do hereby certify that I will abide by the provisions of the Strongsville Codified Ordinances, that I am fully aware of the requirements of the same particularly the Zoning, Building, Fire and Maintenance Codes of the City. I further certify that I am fully aware of and have reviewed the provisions of the Strongsville Codified Ordinances dealing with requirements of obtaining building permits. I further understand that any misrepresentation of data or facts or violation of the Ordinances of the City of Strongsville are cause for refusal, suspension or revocation of this license if issued.

THIS APPLICATION MUST BE RETURNED WITH A COPY OF DRIVER'S LICENSE OR STATE ID, RITA FORM, CERTIFICATE OF INSURANCE, AND LICENSE FEE OF \$100.00 (ONE HUNDRED DOLLARS) IN CHECK OR MONEY ORDER PAYABLE TO THE CITY OF STRONGSVILLE, 16099 FOLTZ PARKWAY, STRONGSVILLE, OHIO 44149.

SIGNATURE OF PRINCIPAL OR OFFICER LISTED ABOVE

BUILDING COMMISSIONER SIGNATURE

DRIVER'S LICENSE OR STATE ID STATE: _____ (ATTACH COPY OF ID OF OFFICER OR PRINCIPAL)
DRIVER'S LICENSE OR STATE ID NUMBER: _____ (ATTACH COPY OF ID OF OFFICER OR PRINCIPAL)



www.ritaohio.com

BUSINESS REGISTRATION FORM 48

MUNICIPALITY _____

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: _____

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

CLEVELAND TOLL FREE:
(800) 880-RITA (7482)

COLUMBUS TOLL FREE: (666) 721-RITA (7482)
TDD: (440) 526-5332

YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)
FAX: (440) 526-3136