

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 work in the City of Strongsville must be registered with the City. Enclosed are your registration application forms. **THE BOND FORM MAY BE DOWNLOADED FROM STRONGSVILLE.ORG BY YOUR INSURANCE COMPANY TO COMPLETE. Do not fax or duplicate the bond form.** If you need a different type of bond form for work you will be doing, please contact the Building Department or visit our website at www.strongsville.org under the Building Department link to print off the registration packet. A General Contractor's registration does not cover cement, electrical, HVAC, plumbing, excavating/earth moving/sewer, masonry, landscaping, swimming pool or tree service work.

1. **YOUR CERTIFICATE WILL BE MAILED TO YOU OR EMAILED TO YOU. ATTACH COPY OF DRIVER'S LICENSE OR STATE ID OF THE PERSON SIGNING THE BOND AND APPLICATION.**
2. Your insurance company must place their seal on our bond form. The registration is good for one year from the date the bond is issued. **Do not fax the bond form to your insurance company. No Continuation Certificates will be accepted.**
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 registration or pay by credit card for \$103.00.
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. All Electrical, HVAC, Refrigeration, Plumbing and/or Hydronics contractors **must** provide a copy of their State if Ohio license certificate.
8. **Mail all of this information together or apply online (no need to mail us the paperwork if you apply online.)**

Sign the bond, the RITA form and the registration application. After your registration paperwork is processed, we will mail a certificate to OR email it to you if you provide an email address. **You are responsible for obtaining a building permit for each address you work at in the City of Strongsville. If you are a sub, the general may have applied for the building permit. Call us before you begin working to see whether the general contractor you are working with obtained a building permit.**

CITY OF STRONGSVILLE
BUILDING INSPECTION DEPARTMENT
16099 Foltz Parkway, Strongsville, Ohio 44149
TREE SERVICE CONTRACTOR BOND

bond # _____

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

KNOW ALL MEN BY THESE PRESENTS: That we, _____, as Principal, and the _____, as Surety, are held and firmly bound unto the City of Strongsville, Ohio, or to any of its officers, for the use of any persons, firms or corporations with whom such Principal shall hereafter contract as a **TREE SERVICE CONTRACTOR** to do work in the removal or trimming of trees of all kinds in connection with dwelling houses, garages, barns, sheds, or shelters; commercial, industrial or public buildings or structures; public or commercial recreational buildings, structures or areas; and all appurtenant buildings, structures or areas of any of the foregoing in accordance with the provisions and requirements of Titles Two, Four and Six of Part Fourteen of the Codified Ordinances of the City of Strongsville, Chapter 1422 and Amendments thereto in the penal sum of **Five Thousand and 00/100 Dollars (\$5000.00)**, lawful money of the United States, for the payment of which sum well and truly to be made. We bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

THE CONDITIONS OF THE ABOVE OBLIGATION ARE SUCH, that whereas the above _____ has made application to the Building Commissioner for registration and licensing as a **TREE SERVICE CONTRACTOR** to engage in the business of **REMOVAL OR TRIMMING OF TREES** of all kinds in connection with dwelling houses, garages, barns, sheds, or shelters; commercial, industrial or public buildings or structures; public or commercial recreational buildings, structures or areas; and all appurtenant buildings, structures or areas of any of the foregoing with necessary appurtenances as required by the Building Code of the City of Strongsville during the term beginning _____, _____ (year) and ending ONE YEAR FROM BEGINNING DATE OF BOND.

NOW, THEREFORE, if the said _____ shall well and truly indemnify, keep and save harmless the City of Strongsville, Ohio or any of its Agents or Officials and shall indemnify and pay any persons, firms or corporations for damages sustained on account of the failure of such contractors to perform work contracted for in accordance with the provisions of Titles Two, Four and Six of Part Fourteen of the Codified Ordinances of the City of Strongsville, Chapter 1422 and Amendments thereto, and any and all lawful rules and regulations promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of any permits issued under any such registration or licensing as a **TREE SERVICE CONTRACTOR** for the performance of any work required to be done in the **REMOVAL OR TRIMMING OF TREES** of all kinds in connection with dwelling houses, garages, barns, sheds, or shelters; commercial, industrial or public buildings or structures; public or commercial recreational buildings, structures or areas; and all appurtenant buildings, structures or areas of any of the foregoing with necessary appurtenances thereto, then this obligation shall be null and void, otherwise, to remain in force and effect.

SEAL MUST BE PLACED ON THIS BOND

WITNESS our hands and seals this _____ day of _____, _____ (year).

TO BE SIGNED BY PRINCIPAL

INSURANCE COMPANY

RESIDENT ADDRESS

ATTORNEY-IN-FACT(MUST BE SIGNED)

CITY STATE ZIP

OFFICE ADDRESS

(ABOVE INFORMATION MUST BE
COMPLETED IN FULL)

CITY STATE ZIP

PHONE

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 _____ 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 _____ CELL # (____) _____

OFFICE 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 STRONGSVILLE BOND FORM, COPY OF DRIVER'S LICENSE OR STATE ID, RITA FORM, CERTIFICATE OF INSURANCE, AND LICENSE FEE OF **\$100.00 IN CHECK OR MONEY ORDER** PAYABLE TO THE **CITY OF STRONGSVILLE, 16099 FOLTZ PARKWAY, STRONGSVILLE, OHIO 44149** OR **PAY BY CREDIT CARD FOR \$103.00.**

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



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: (800) 721-RITA (7482)
TOD: (440) 526-5332

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