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. A General Trades Contractor registration does not cover Electrical, Fire Alarm / Fire Suppression, HVAC or Plumbing.**

1. Every applicant for registration shall furnish and file with the Building Department a bond in the penal sum of Ten Thousand Dollars ($10,000.00). 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.**

2. Your insurance company must attach the Certificate of Insurance with limits of no less than Five Hundred Thousand Dollars ($500,000.00) per occurrence, One Million Dollars ($1,000,000.00) aggregate. We are to be listed as the Certificate Holder **not** Additional Insured.


4. **ATTACH A COPY OF THE DRIVER’S LICENSE OR STATE ID OF THE PERSON SIGNING THE BOND AND APPLICATION.**

5. Attach a check or money order payable to the City of Strongsville for $100.00 for ALL types of registrations.

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 all of this information together or apply online (no need to mail us the paperwork if you apply online).**

8. All Electrical, Fire Alarm / Fire Suppression, HVAC, Refrigeration, Plumbing and/or Hydronic contractors **must** provide a copy of their State of Ohio license certificate.

After your registration paperwork is processed, we will mail a certificate to you **(if a self-addressed stamped envelope is provided with your submission)** 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
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.

________________________________________________________
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)
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 FIRE ALARM / FIRE SUPPRESSION CONTRACTOR to do work in the construction, installation and/or alteration of any or all FIRE ALARM / FIRE SUPPRESSION SYSTEM in Commercial, Industrial or Public Occupancies 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 Ten Thousand and 00/100 Dollars ($10,000.00), 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 FIRE ALARM / FIRE SUPPRESSION CONTRACTOR to engage in the business of construction, installation and/or alteration of any or all FIRE ALARM / FIRE SUPPRESSION SYSTEM as required by the Building Code of the City of Strongsville during the term beginning ______________, _______ (year) and ending ONE YEAR AFTER 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 of anything done under and by virtue of any permits issued under any such registration or licensing as a FIRE ALARM / FIRE SUPPRESSION CONTRACTOR for the performance of any work required to be done in the construction, installation and/or alteration of any or all FIRE ALARM / FIRE SUPPRESSION SYSTEM in Commercial, Industrial or Public Occupancies, 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)
**FORM 48**

**Regional Income Tax Agency**

**Business Registration Form**

---

**Municipality**

**Business Type**
- Corporation
- S-Corp
- LLC
- Partnership

**Reason for Registration**
- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
- Business with a fixed location

**Approx. # of days**

**Start Date**

**Date business began at this location**

---

**Company Information** *(List physical address of work performed within this municipality)*

<table>
<thead>
<tr>
<th>Name:</th>
<th>Federal ID #:</th>
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<table>
<thead>
<tr>
<th>Address:</th>
<th>SSN (required if sole proprietorship):</th>
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<thead>
<tr>
<th>City/State/Zip:</th>
<th>Mailing Address (for withholding tax forms / if different from above)</th>
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<tr>
<th>Mailing Address (for non-profit tax forms / if different from above):</th>
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</tbody>
</table>

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*Please note that your Federal Identification Number will serve as your RITA account number.*

**Filing Status:**
- Calendar year
- Fiscal year / month ending

**Do you have any employees?**
- Yes
- No

**Number of employees at RITA location**

**My withholding is filed under a 3rd party account (PEO or common paymaster):**
- Yes
- No

**Monthly gross payroll at RITA location $**

**I am a small employer (under $500,000 in gross revenue during previous year):**
- Yes
- No

---

**Contractors**

**I am a contractor**
- Yes
- No

**Will you be using sub-contractors?**
- Yes
- No

**If yes, complete page 2.**

**Total contract amount of the project $**

---

The Information Hereby Submitted is True and Correct.

---

**Print Name:**

**Title:**

**Phone Number:**

**Signature:**

**Date**

---

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.

**Mail to:** RITA

ATTN: BUSINESS REGISTRATION

P.O. BOX 477900

BROADVIEW HEIGHTS, OH 44147-7900

**Call:** 800.860.7462, ext. 5008

TDD: 440.526.5332

Fax: 440.526.3136

**ritaohio.com**