

**VILLAGE OF BROOKLYN HEIGHTS
2018 CONTRACTORS REGISTRATION REQUIREMENTS
FOR NEW AND RENEWAL REGISTRATIONS**

The requirements for a contractor's registration in the Village of Brooklyn Heights for 2018, whether the application is being made for a new or renewal registration, are as follows:

1. Complete the attached application **IN FULL**. If all areas of the application are not completed, the application will be returned. **DO NOT INCLUDE ATTACHMENTS TO COMPLETE THE APPLICATION.**
2. All contractors that will be doing work in the Village must furnish a \$25,000 Surety Bond from their insurance company. **YOUR INSURANCE COMPANY MUST USE THEIR OWN BOND FORM. THE BOND SHOULD EXPIRE ONE YEAR FROM THE DATE OF ISSUANCE.** Be sure to sign the bond form.
3. All applicants must show proof of **Worker's Compensation Insurance** and provide us with their company **Federal ID Number (FIN) or Social Security Number (SSN)**. If you are applying for a registration as an **Electrical, Plumbing, HVAC, Hydronics or Refrigeration** contractor, you are required to be licensed by the State of Ohio in that trade, and you must attach a copy of your **O.C.I.L.B. State of Ohio License**.
4. Furnish the Village of Brooklyn Heights a Certificate of Insurance indicating that the registration applicant has insurance for at least \$300,000.00. The Village of Brooklyn Heights must be named as "additional insured".
5. Complete and return the attached Regional Income Tax Agency Form 48.
6. **The registration fee is \$100.00.** Make check payable to "Village of Brooklyn Heights".

Forward the following items:

- | | | |
|--|------------|------------------------------|
| ✓ Completed Application | | Village of Brooklyn Heights |
| ✓ Bond | | Building Department |
| ✓ Liability Insurance Certificate | <u>TO:</u> | 345 Tuxedo Avenue |
| ✓ O.C.I.L.B. License (if required) | | Brooklyn Heights, Ohio 44131 |
| ✓ Completed RITA Tax Form 48 | | |
| ✓ Worker's Compensation Certificate, if applicable | | |
| ✓ <u>\$100.00 Fee</u> | | |
| ✓ Self-Addressed Stamped Envelope | | |

Failure to submit all of the required information **TOGETHER** will result in the return of what is submitted without the issuance of a registration.

Should you have any questions regarding our registration requirements, please contact the Building Department at (216) 749-4300 Ext. 141, Monday thru Friday, 8:00 a.m. to 4:30 p.m.

**VILLAGE OF BROOKLYN HEIGHTS
BUILDING DEPARTMENT
2018 APPLICATION FOR CONTRACTOR REGISTRATION**

Date: _____

Registration No. _____

Date Issued: _____

Owner/Officer Personal Information

Company Information

Name

Name

Address

Address

City State Zip

City State Zip

() _____
Home Phone

() _____ () _____
Work Phone Cell Phone

Email Address Fax #

The following are officers or partners in the above named company:

1) _____ 2) _____

I do hereby make application to register as a _____
contractor within the corporation limits of the Village of Brooklyn Heights, Ohio in accordance with the requirements of the Village of Brooklyn Heights Codified Ordinances.
My experience and training, which qualifies me (us) for registration are as follows: (List special training, past employment or business association, years in trade):

NOTICE: If you are applying for an Electrical, Plumbing, HVAC, Hydronics or Refrigeration registration, you are required to be licensed by the O.C.I.L.B. in order to register in the Village.

State License Number: _____ Expiration Date: _____

(Please attach a copy of your O.C.I.L.B. License)

List names of municipalities in which you are registered/licensed:

Municipality	License No.	Date Issued
_____	_____	_____
_____	_____	_____

Has your license/registration in any other municipality ever been suspended or revoked? _____

If yes, give date and locality _____

NOTE: All contractors must submit a Certificate of Insurance for at least \$300,000.00, and the Village of Brooklyn Heights must be named as additional insured. All contractors are required to submit a Surety Bond in the amount of \$25,000.00. **We will accept your insurance company Certificate of Insurance and Bond forms.**

Bond Expiration Date: _____ (\$25,000.00)

Liability Insurance Expiration Date: _____ (\$300,000.00)

Federal I.D./Social Security No. _____

Worker's Compensation # & Expiration Date: _____

I DO HEREBY CERTIFY that I will abide by the provisions of the Codified Ordinances of the Village of Brooklyn Heights, that I am fully aware of the requirements of the same and all current building ordinances of the Village of Brooklyn Heights pertaining to my trade. Any misrepresentation of date or facts will be cause for refusal of registration or revocation of registration when issued.

Please Print First & Last Name - Owner/Corporate Officer



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
BCS 02-03-01-OR						
BCS 02-03-01-OR						
BCS 02-03-01-OR						
BCS 02-03-01-OR						
BCS 02-03-01-OR						
BCS 02-03-01-OR						
BCS 02-03-01-OR						

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 TOLL FREE: (866) 721-RITA (7482)
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

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