

**VILLAGE OF BROOKLYN HEIGHTS  
2019 CONTRACTORS REGISTRATION REQUIREMENTS  
FOR NEW AND RENEWAL REGISTRATIONS**

The requirements for a contractor's registration in the Village of Brooklyn Heights for 2019, 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:**

- |  |            |   |
|--|------------|---|
| <ul style="list-style-type: none"><li>✓ Completed Application</li><li>✓ Bond</li><li>✓ Liability Insurance Certificate</li><li>✓ O.C.I.L.B. License (if required)</li><li>✓ Completed RITA Tax Form 48</li><li>✓ Worker's Compensation Certificate, if applicable</li><li>✓ <b><u>\$100.00 Fee</u></b></li><li>✓ Self-Addressed Stamped Envelope</li></ul> | <b>TO:</b> | <p>Village of Brooklyn Heights<br/>Building Department<br/>345 Tuxedo Avenue<br/>Brooklyn Heights, Ohio 44131</p> |
|--|------------|---|

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  
2019 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) _____
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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
BCR 030 0021-RACU-OR						
BCR 030 0021-RACU-OR						
BCR 030 0021-RACU-OR						
BCR 030 0021-RACU-OR						
BCR 030 0021-RACU-OR						
BCR 030 0021-RACU-OR						
BCR 030 0021-RACU-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

