

**VILLAGE OF BROOKLYN HEIGHTS  
2023 CONTRACTORS REGISTRATION REQUIREMENTS  
FOR NEW AND RENEWAL REGISTRATIONS**

The requirements for a contractor's registration in the Village of Brooklyn Heights for 2023, 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 |            |                              |
| ✓ <b><u>\$100.00 Fee</u></b>                       |            |                              |
| ✓ 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  
2023 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



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality \_\_\_\_\_

**Business Type**

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

**Reason for Registration**

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)  
Approx. # of days \_\_\_\_\_ Start Date \_\_\_\_\_
- Business with a fixed location  
Date business began at this location \_\_\_\_\_

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

Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
 Address: \_\_\_\_\_ SSN: \_\_\_\_\_  
(required if sole proprietor)  
 City/State/Zip: \_\_\_\_\_  
 Mailing Address (for withholding tax forms / if different from above) \_\_\_\_\_  
 Mailing Address (for net profit tax forms / if different from above) \_\_\_\_\_

**\*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  
 If yes, list Federal ID # \_\_\_\_\_  
 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

**ritaohio.com**

**Call:** 800.860.7482, ext. 5008  
**TDD:** 440.526.5332  
**Fax:** 440.922.3536

<b>Sub-contractor Name//Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name//Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name//Address</b>		\$
	Contact Name	Contract Amount
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	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name//Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

\*If more space is needed, you may attach a separate schedule that includes **ALL** of the required information listed above.

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