

City of Broadview Heights

Building & Zoning Department
9543 Broadview Road, Room 212
Broadview Heights, Ohio 44147
Tel: 440-526-6864; Fax: 440-526-3091
www.broadview-heights.org e-mail: building@broadview-heights.org

2016 BUILDING TRADE REGISTRATION AND REGISTRATION WITH INCOME TAX ADMINISTRATOR

Any and all general contractors, contractors, subcontractors and landscapers performing any work (regardless of whether a permit is required) within the City shall register with the City and City Income Tax Administrator prior to beginning any work in the City of Broadview Heights.

Attached are the forms that need to be completed for your trade, please print or type all required information in full. **ANY APPLICATIONS MISSING INFORMATION WILL NOT BE PROCESSED.**

Applicants are required to submit the following:

- 1) **\$100.00 registration fee - CASH OR CHECK ONLY.** Check made payable to the City of Broadview Heights.
- 2) **Bond** guaranteeing full and faithful compliance with all provisions of the Building Code, ordinances of the City and/or rules and regulations, **in the amount of \$25,000.**
(The city does not have its own bond form, the expiration date is 12/31 of the current calendar year and CONTINUATIONS ARE NOT ACCEPTED.) PLEASE REMEMBER TO SIGN YOUR BOND.
- 3) **Certificate of insurance** (bodily injury \$100,000/\$300,000 and property damage of at least \$50,000) **listing the City of Broadview Heights as a certificate holder.**
- 4) **ELECTRICAL, HVAC, PLUMBING, REFRIGERATION, HYDRONIC CONTRACTORS** shall hold a valid state license issued pursuant to Chapter 4740 of the Ohio Revised Code. A COPY OF THE STATE LICENSE MUST BE INCLUDED WITH THE REGISTRATION APPLICATION.
- 5) **A copy of State of Ohio Worker's Compensation Certificate must be included.**
- 6) **Business Registration Form 48 must be completed and included EACH year.**

When all necessary information is received, the paperwork will be processed and, the registration will be issued to you through the mail, **IF YOU INCLUDE A STAMPED SELF-ADDRESSED LETTER SIZE ENVELOPE.**

NOTICES

- #1:** All contractors (whether engaged as a prime or subcontractor) are hereby notified that they must fully comply with all applicable, city, state and federal tax codes including, but not limited to, worker's compensation laws, unemployment compensation laws (whether state and/or federal), all applicable withholding taxes for employees, and applicable permit fees. Failure to so comply may result in fine and/or imprisonment as otherwise provided by law as well as revocation of the registration.
- #2:** All contractors who begin work in the city without first obtaining a registration may be subject to a stop work order and court citation. The fine for this offense is considered to be a first-degree misdemeanor with a daily penalty of up to \$1,000 and 6 months in jail.
- #3:** All registrations expire December 31st.

**CITY OF BROADVIEW HEIGHTS
BUILDING & ZONING DEPARTMENT
APPLICATION FOR BUILDING TRADE REGISTRATION**

Name of firm, partnership or corporation:

Authorized Representative:

_____ Name

_____ Name

_____ Place of business address

_____ Address

_____ City _____ Zip

_____ City _____ Zip

(____) _____ (____) _____
Telephone Fax

_____ Telephone

_____ E-mail

_____ Mobile phone

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

1) _____

2) _____

I do hereby make application to Registration as a (type of building trade)

_____ within the corporation
limits of Broadview Heights Ohio in accordance with the requirements of Chapters 1445 & 1446 of the
City's Building Code.

This is certification that the applicant for the Registration is qualified to perform the work of the type of
building trade for which this application is made. The following are the qualifications, experience and
training which qualify me (us). Any specialty contractor (Electrical, HVAC, Plumbing, Refrigeration,
Hydronic) shall hold a valid state license issued pursuant to Chapter 4740 of the Ohio Revised Code.

OCILB LICENSE # _____ EXPIRATION DATE _____

WORKER'S COMPENSATION # _____ EXPIRATION DATE _____

I/we agree to conform to all City ordinances as well as all applicable State and Federal laws and regulations that
may be in effect at the time the registration is valid.

Signature of Authorized Representative: _____

Date: _____

Note: All Building Trade Registrations expire on December 31 next following the date of issuance.



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: _____
 ADDRESS OF CONSTRUCTION SITE: _____

BUILDING PERMIT #: _____
 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 00Z1-RC1-OR							
BCS 00Z1-RC1-OR							
BCS 00Z1-RC1-OR							
BCS 00Z1-RC1-OR							
BCS 00Z1-RC1-OR							
BCS 00Z1-RC1-OR							
BCS 00Z1-RC1-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 LOCAL: (614) 538-0512
 YOUNGSTOWN LOCAL: (330) 743-3400

TDD: (440) 526-5332
 TOLL FREE: 1-(800) 860-RITA (7482)
 FAX: (440) 526-3136