

CONTRACTOR REGISTRATION APPLICATION

Village of Glenwillow Building Department

Date _____

COMPANY NAME _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Contact Email _____

Chief Officer _____

TYPE OF CONTRACTOR _____

Federal ID Number _____

Registrations will NOT be issued until all completed forms
are returned to the Building Department.

The following must returned for your registration to be processed:

- ❖ This Application
- ❖ RITA Form 48
- ❖ **CHECK FOR \$100 Payable to: VILLAGE OF GLENWILLOW**
- ❖ A Copy Of Your Valid And Current State License Where Applicable
- ❖ Certificate of Insurance Liability in the amount of:
 - \$1,000,000 Bodily Injury
 - \$50,000 Property Damage
 - Village of Glenwillow named as additionally insured.

Applicant's Signature

Title

**FORM
48**

Regional Income Tax Agency
Business Registration Form



800.860.7482
TDD 440.526.5332
ritaohio.com

Municipality _____

Business Type

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit |
| <input type="checkbox"/> S-Corp | <input type="checkbox"/> Estate & Trust |
| <input type="checkbox"/> LLC | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> Partnership | |

Reason for Registration

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Courtesy withholding for an employee's resident municipality |
| <input type="checkbox"/> | Doing business within the municipality this year (temporary) Approx. # of days _____ Start Date _____ |
| <input type="checkbox"/> | 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 : _____ <small>(required if sole proprietor)</small> |
| 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: 440.526.3136

| | | |
|---|--------------------------|----------------------|
| Sub-contractor Name / Address | _____ | \$ _____ |
| | Contact Name | Contract Amount |
| | _____ | _____ |
| | Phone Number | Estimated Start Date |
| | _____ | _____ |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | _____ | \$ _____ |
| | Contact Name | Contract Amount |
| | _____ | _____ |
| | Phone Number | Estimated Start Date |
| | _____ | _____ |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | _____ | \$ _____ |
| | Contact Name | Contract Amount |
| | _____ | _____ |
| | Phone Number | Estimated Start Date |
| | _____ | _____ |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | _____ | \$ _____ |
| | Contact Name | Contract Amount |
| | _____ | _____ |
| | Phone Number | Estimated Start Date |
| | _____ | _____ |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | _____ | \$ _____ |
| | Contact Name | Contract Amount |
| | _____ | _____ |
| | Phone Number | Estimated Start Date |
| | _____ | _____ |
| | EIN or Social Security # | Trade |
| Sub-contractor Name / Address | _____ | \$ _____ |
| | 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 <i>ALL</i> of the required information listed above. | | |