CONTRACTOR REGISTRATION REQUIREMENTS

PERMIT HOURS: MONDAY- WEDNESDAY- FRIDAY 8:30 A.M.-11:30 AM
REOPEN FROM 1:30 PM- -- 3:30PM
CLOSED DAILY FROM 11:30 AM-- 1:30 PM
TUESDAY –THURSDAY 8:30 AM - - 2:00 PM
CLOSED DAILY FROM 2:00 PM – 5:00 PM

APPLICATIONS:
Contractor registration applications must be completed. Incomplete applications will be returned unapproved.

APPLICATION FEE:
$ 150.00 PER CALENDAR YEAR PER TRADE: NEW REGISTRATION
$ 125.00 RENEWAL: SECOND CONSECUTIVE YEAR IN GOOD STANDING

The city will only accept the following methods of payment below:

- Money Order
- Cashier Check
- Official Bank Check
- Credit Cards (Master : Visa : Discover : American Express)
  - Credit card payments will not be taken over the phone

TERMS OF REGISTRATION:
All registration expires at the end of the calendar year

BOND:
$25,000 ON CITY OF EAST CLEVELAND BOND FORM

CERTIFICATE OF INSURANCE:
A certificate of insurance showing the City of East Cleveland Building Department as certificate holder: amount $ 100,000 per person, $ 300,000 per occurrence for bodily injury, $ 100,000 per occurrence for property damage

PLUMBING, HVAC & ELECTRICAL CONTRACTORS:
A copy of your qualification certificate issued by Ohio Construction Industry Examining Board or a testing community must be attached

RITA:
RITA tax form must be completed. Direct all questions: 1-800-860-7482

AUTHORIZED PERSONNEL:
Only those names listed as authorized agents may obtain permits NO EXCEPTION

BUILDING CODES:
All work must be performed according to the Building Codes of the City of East Cleveland and the State of Ohio.

PERMITS:
Permits must be obtained and posted at job site before work begins. If a contractor begins work before obtaining a permit penalty fees will be assessed.

PERMIT HOURS:
You may obtain your permits and/or register as a contractor Monday Wednesday Friday between the hours of 8:30 am – 11:30 am and 1:30 pm-3:30pm. Tuesday Thursday 8:30am – 2:00pm
**CONTRACTOR’S REGISTRATION APPLICATION**

**PAYMENT METHODS:** CASHIER CHECKS: COMPANY CHECKS OR MONEY ORDER PAYABLE TO THE CITY OF EAST CLEVELAND

- **RENEWAL** FEE $125.00
- **NEW REGISTRATION** FEE: $150.00

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<th>Business Name:</th>
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<td>Business Address:</td>
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<td>Business Telephone:</td>
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<td>Business Page:</td>
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<td>Federal ID # or SS#:</td>
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<td>E-Mail:</td>
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**BUSINESS TYPE**

- [ ] Partnership
- [ ] Corporation
- [ ] Sole Proprietorship

If Corporation, corporate charter number:________________________________________________________

List requested information for owner, managing partner, president or statutory agent.

Name:___________________________________________________________________________________

Home Address:____________________________________________________________________________

Home #________________________ Pager:___________________ Cell phone #________________________

E-Mail__________________________________________________________________________________

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**REGISTRATION TYPE**

- [ ] Alarm
- [ ] Asphalt
- [ ] Asbestos Abatement
- [ ] Asbestos Testing
- [ ] Carpentry
- [ ] Carpentry Finish
- [ ] Communication Wiring
- [ ] Concrete
- [ ] Demolition
- [ ] Drywall
- [ ] Electrical
- [ ] Excavating
- [ ] Fence
- [ ] Fire Protection
- [ ] General Contractor Commercial
- [ ] General Contractor Residential
- [ ] General Contractor Remodeling
- [ ] Gutter
- [ ] HVAC
- [ ] House Movers
- [ ] Insulation
- [ ] Lead Abatement
- [ ] Lead Testing
- [ ] Plumbing
- [ ] Radon Testing
- [ ] Refrigeration
- [ ] Roofing Commercial
- [ ] Roofing Residential
- [ ] Sewer Builder/Cleaner/Reline/Renovator
- [ ] Siding
- [ ] Sign
- [ ] Sprinkler
- [ ] Structural Steel
- [ ] Waterproofing
- [ ] Others as Required by the Building Director
CITY OF EAST CLEVELAND
CONTRACTORS REGISTRATION BOND

BOND NO#:________________

KNOW ALL MEN BY THESE PRESENTS:

That we, __________________________________________________________________
of _________________________, State of______________________, as Principal____________,
and____________________________________, a corporation duly licensed to do surety business
(Bonding Company)
in the State of Ohio, as Surety, are held and firmly bound unto the City of East Cleveland, and its
citizenry (collectively, the “Obligee”), in the penal sum of not to exceed TWENTY FIVE THOUSAND
DOLLARS ($ 25,000.00) lawful money of the United States of which payment will truly to be made, we
bind ourselves and our legal representatives firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS that the principal has been registered as a
contractor by the obligee.

NOW THEREFORE, if the Principal shall perform its work in the City of East Cleveland in a
workmanlike manner and faithfully keep its contractual obligations to Obligee and in all things comply
with the laws, rules and regulation of the City of East Cleveland, including all amendments there to,
pertaining to the registration applied for, then this obligation shall be void; otherwise this obligation shall
remain in full force and effect until cancelled by the surety as provided below or released by the Obligee.

This bond may be terminated at any time by the Surety upon sending written notice by First Class
U.S. Mail to the Obligee and to the Principal at the addressed last known to the Surety, and at the
expiration of thirty (30) days from the mailing of said notice, this bond shall terminate and the Surety shall
be relieved from any liability for any acts or omissions of the Principal subsequent to that date. The
Surety shall not be liable for more than the amount of this bond, regardless of the number of claims
made against this bond or the number of years this bond remains in force.

Date this_________________________________________________________________.

Date of expiration:_________________________________________________________________.

___________________________________________
Principal

___________________________________________
Principal

___________________________________________
Surety

By:________________________________________
Name & Title
APPLICATION MUST INCLUDE THE FOLLOWING SUPPORTING DOCUMENTS

1. Liability insurance in the amount of $100,000 per persons, $300,000 per occurrence for bodily injury and $100,000 per occurrence for property damage. The City of East Cleveland must be noted as additionally insured and certificate holder.

2. Contractors Bond in the amount of $25,000 on the City of East Cleveland’s Bond Form

3. Copies of current state registration if you are registering as a plumber, electrician, sprinkler or HVAC contractor

4. Copy of owner’s driver’s license

PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE

REGISTRATION MUST BE FILLED OUT COMPLETELY AND INCLUDE THESE DOCUMENTS OR IT WILL NOT BE PROCESSED

References

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I acknowledge that this registration requires that my company abide by the laws of the City of East Cleveland and the State of Ohio including all adopted codes; furthermore, I swear that all the information submitted is true to the best of my knowledge.

________________________________________
Signature of Owner/Managing Partner/President/Statutory Agent

Print Name

The following _________ individuals are authorized to act as signatory agent on behalf of the company.

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REGIONAL INCOME TAX AGENCY
Business Registration Form

GENERAL INFORMATION

City of: ____________________________

Federal ID No: ______________________ Soc. Sec. No. (only if a sole proprietor): ______________________

Please fill-in your filing status: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit ☐ Corporation

Local Name and Address as Used for Business Purposes:

Business Name: ____________________________

Address #: ____________________________ Suite: ____________________________

Street Name: ____________________________

City: ____________________________

State: _______ Zip: __________ Phone: _______ - _______ - _______

If Corporate Subsidiary, Give Name and Address of Parent Company Main Office:

Business Name: ____________________________

Address #: ____________________________ Suite: ____________________________

Street Name: ____________________________

City: ____________________________

State: _______ Zip: __________ Phone: _______ - _______ - _______

If Sole Proprietorship, Give Owner’s Name and Home Address:

Name: ____________________________

Address #: ____________________________ Suite: ____________________________

Street Name: ____________________________

City: ____________________________

State: _______ Zip: __________ Phone: _______ - _______ - _______

What date did you begin operations in RITA municipality (mm/dd/yy)? _______ _______ _______

Please List the Federal Business Activity Code or Fill-in the Oval that Best Describes the Activity:

Federal Business Activity Code: ____________________________
Business Activity: ____________________________

☐ Transportation ☐ Non-Manufacturing ☐ Manufacturing ☐ Wholesale ☐ Retail

☐ Finance ☐ Services ☐ Public Administration ☐ Non-Classification

**EMPLOYEE INFORMATION**

Do you have any employees? (Fill only one) ☐ Yes ☐ No Are sub-contractors utilized? (Fill only one) ☐ Yes ☐ No

If you have employees proceed with employee information. If you do not have employees, proceed to the profit/loss section.

Approx. No. of Employees: ________________ Approx. Monthly Gross Payroll: $ ________________

Please contact our business regarding a voluntary residence withholding program. ☐ Yes ☐ No

Send Withholding Tax Form to:

Business Name: ________________________________________________________________

Care of: ________________________________________________________________

Address #: ___________________________ Suite: ________

Street Name: ________________________________________________________________

City: ________________________________________________________________

State: _______ Zip: ________-_______-_______ Phone: ________-_______-_______

*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 (mm/dd/yy): ________-_______-_______

Send the Net Profit Tax Return to:

Business Name: ________________________________________________________________

Care of: ________________________________________________________________

Address #: ___________________________ Suite: ________

Street Name: ________________________________________________________________

City: ________________________________________________________________

State: _______ Zip: ________-_______-_______ Phone: ________-_______-_______

The Information Hereby Submitted is True and Correct.

Signature: ___________________________ Print Name: ___________________________

Date: ___________ Title: ___________________________ Phone: ________-_______-_______