



## City of Olmsted Falls

Building Department

9234 Columbia Rd. • Olmsted Falls, Ohio 44138 • (440) 235-1055 • Fax (440) 427-2357

• [www.olmstedfalls.org](http://www.olmstedfalls.org)

e-mail [building@olmstedfalls.org](mailto:building@olmstedfalls.org)

### Contractor Registration

**Please note Bond is now required See below.**

1. Rita form AND RITA form filled out
2. Check for \$100.00 – Payable to the City of Olmsted Falls
3. State of Ohio Workers Compensation Certificate
4. Copy of your Certificate of insurance with minimum liability of \$500,000.00 and shall have the city of Olmsted falls as additional insured.
5. \$25,000 Surety Bond (Original) Copies not excepted
  - Must use bond form attached (Standard insurance company bond form forms not accepted)
  - Must be dated to cover the period: Date of issuance through December 31, 2019
  - Bond must be signed by the principal (Typewritten names not acceptable)
  - Bond must have an original embossed, foil or stamped seal
6. Self-addressed stamped envelope for return of your registration. In no return envelope is provided, registration and/or permits will be kept in your contractor file in our office for pick-up by your company.
7. Copy of State issued contractors license for the trade being applied for.

All of the above must be submitted together. Registration will not be processed until everything is submitted. Contractor's working without proper registration will be cited by Ordinance.

When applying for permits and/or contractor registration in person or by mail, please include self-addressed stamped envelope for return of your permit and/or registration and receipt, otherwise your permit and or Registration and receipt will be filed in our office in your contractor file. Separate checks for each permit and contractor registration are required.

Thank You!!!

**Building Department**

9234 Columbia Rd., Olmsted Falls, Ohio 44138  
440.235.1055 e-mail: building@olmstedfalls.org

Please be informed that all contractors, sub-contractors, firms, corporation or persons performing work in the City of Olmsted Falls are required by law to register and provide copies of their insurance policies to the City of Olmsted Falls Building Department prior to commencing any work. Ordinance 42-94 has added painting contractors, wallpapering contractors and landscapers to the list of those required to register. In addition, all required permits must be obtained and fees paid prior to commencing work.

Contractor registration fee is \$100.00 per year, effective January 1 of each year. Copies of the contractors insurance (minimum liability of \$500,000.00) shall have the City of Olmsted Falls named as additional insured. The fee and insurance shall be submitted to the Olmsted Falls Building Department either by mail or in person. Please enclose a self-addressed, stamped envelope when registering by mail and your registration will be mailed to you. If no stamped return envelope is provided, your registration will be held in your contractor file for pick-up by your company

**APPLICATION FOR CONTRACTOR'S REGISTRATION CERTIFICATE AS  
REQUIRED BY ORDINANCE NUMBER 61-87 AND 42-94.  
PLEASE PRINT ALL INFORMATION  
THIS FORM MUST BE FILLED OUT COMPLETELY**

Company Name \_\_\_\_\_ Federal ID# \_\_\_\_\_ - \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

DBA \_\_\_\_\_ Type of work performed \_\_\_\_\_

Contact Person \_\_\_\_\_ E-Mail address \_\_\_\_\_ Do You Sub Contract? \_\_\_\_\_

Office Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone(\_\_\_\_) \_\_\_\_\_ Fax(\_\_\_\_) \_\_\_\_\_

Night Phone(\_\_\_\_) \_\_\_\_\_ Home Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Workers Compensation

I understand that state law requires me to have workers compensation pursuant to chapter 4123 of the Ohio Revised Code

\_\_\_\_\_ (Initials) I have provided my current workers compensation Certificate for registration

OR

\_\_\_\_\_ (Initials) I am a sole owner of my company and do not have any employees; therefore, I do not carry Workers Compensation

I/We so agree to abide by all codes, ordinance, laws and regulations of the City of Olmsted Falls Cuyahoga County, State of Ohio and the United States of America.

Signature \_\_\_\_\_ Title \_\_\_\_\_

**THANK YOU FOR YOUR COOPERATION. CONTRACTORS WORKING WITHOUT PROPER REGISTRATION WILL BE CITED BY ORDINANCE.**

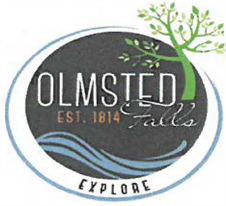
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Do Not Write below this line

Insurance Expiration Date \_\_\_\_\_

Registration# \_\_\_\_\_

Registration For Year \_\_\_\_\_



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## Contractors Bond

\_\_\_\_\_ as principal, and \_\_\_\_\_ as surety, are hereby held and firmly bound unto the City of Olmsted Falls, State of Ohio, in the penal sum of **Twenty-Five Thousand (\$25,000) Dollars** for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assigns, to the present.

The conditions of this obligation are such that, whereas, the above named principal did on the \_\_\_ day of \_\_\_\_\_, 20\_\_ make application to be registered as a \_\_\_\_\_ Contractor in the City of Olmsted Falls, under the pursuant Ordinance (Ord. 47-2017. Passed 10-10-17.) which is made part of this bond by reference.

Now if the said Principal shall receive from the Building Administrator a registration as a Contractor, entitling him to engage in work or, or act as a \_\_\_\_\_ Contractor, within the Corporate limits of the City of Olmsted Falls for the current calendar year, as stated in said registration application, and shall fully and faithfully comply with all the provisions of the Ordinances, Resolutions and Regulations of the City of Olmsted Falls as are now enacted and which may hereafter be enacted in relation to doing said work and further will safeguard said City and all persons from injuries or damages to persons or property arising by reason of negligence, or failure to properly perform any work carried on or undertaken under said Registration, to correct or abate any violation of the City Building Code, within a reasonable time limit as set by the Building & Zoning Administrator and also where any opening is made or material is placed in the street or highway, will remove any material remaining and replace and restore, or cause to be replaced and restored, the street or highway and the pavement over such opening, to as good a state and condition as found previous to the opening of the same, or pay said City for having same replaced and restored, as the case may be, then this obligation shall be null and void; otherwise, it shall remain in full force and effect for a period commencing on the \_\_\_ day of \_\_\_\_\_, . 20\_\_ and **ending on the 31<sup>st</sup> day of December, 20\_\_** it is being expressly understood that the liability of the surety for any and all claims hereunder shall in no event exceed the penal amount of this obligation as herein stated.

Provided that any forbearance on the part of the City of Olmsted Falls in the respect to the neglect of failure of said principal to comply with any of the Ordinances, Resolutions or Regulations of the City of Olmsted Falls respecting said \_\_\_\_\_ work shall not in any manner operate to release or discharge the surety from its liability under this bond.

Witness our signature this \_\_\_ day of \_\_\_\_\_, 20\_\_

PRINCIPLE SIGNATURE: \_\_\_\_\_

ATTORNEY-IN-FACT SIGNATURE: \_\_\_\_\_ (Seal)

\_\_\_\_\_

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 : _____ <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.

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