

VILLAGE OF GRAFTON  
960 Main Street  
Grafton, Ohio 44044

**TO:** ALL CONTRACTORS/SUBCONTRACTORS  
**FROM:** VILLAGE OF GRAFTON BUILDING DEPARTMENT  
**SUBJECT:** REGISTRATION (ORDINANCE NO. 13-001)

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All persons/companies doing work in the Village of Grafton must be registered with the Village.  
Enclosed are your registration application forms.

1. Fill in the forms **COMPLETELY**. Do not leave any lines blank ("renewal" is not an acceptable response.)
2. Have your insurance company attach a copy of your Certificate of Insurance with the **Village of Grafton** listed as Certificate Holder.
3. Attach a check for \$75.00 payable to the "Village of Grafton". **BE ADVISED THAT WORK STARTED PRIOR TO REGISTRATION REQUIRES REGISTRATION FEE TO BE DOUBLED... AND PERMIT FEE TO BE DOUBLED.**
4. Complete the Regional Income Tax Form. The completion of this form is not optional. If receipt is requested, include a self-addressed stamped envelope.
5. If you are a contractor registering as an **Electrical, HVAC, Plumbing, Hydronic, Fire Alarm or Fire Suppression/Sprinkler Contractor**, you **MUST** include a **VALID/CURRENT** copy of your State Qualification Certificate.
6. A copy of Worker's Compensation Certificate.
7. MAIL THIS ENTIRE REGISTRATION PACKET TO THE VILLAGE OF GRAFTON  
960 Main Street, Grafton, Ohio 44044.

NOTE: INCOMPLETE PAPERWORK WILL BE RETURNED AND YOUR  
REGISTRATION REQUEST **REJECTED** UNTIL FULL COMPLIANCE IS MET.

VILLAGE OF GRAFTON  
960 MAIN STREET  
GRAFTON, OHIO 44044  
BUILDING DEPARTMENT (440) 926-2401

**APPLICATION FOR CONTRACTOR'S REGISTRATION**

PRINT NAME OF CONTACT PERSON: \_\_\_\_\_

NAME OF COMPANY (DBA): \_\_\_\_\_

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ FED ID: \_\_\_\_\_

ADDRESS OF OFFICE/HOME: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**CHECK TYPE OF REGISTRATION**

**Please check all that apply:**

<input type="checkbox"/> General Contractor	<input type="checkbox"/> Excavation/Grading	<input type="checkbox"/> Framing/Carpentry
<input type="checkbox"/> Masonry/Brick Veneer	<input type="checkbox"/> Electrical Contractor*	<input type="checkbox"/> Plumbing Contractor*
<input type="checkbox"/> HVAC Contractor*	<input type="checkbox"/> Roofing Installer	<input type="checkbox"/> Window/Door/Glazing
<input type="checkbox"/> Fire Alarm*	<input type="checkbox"/> Cement/Asphalt/Paving	<input type="checkbox"/> Drywall/Lathing/Plastering
<input type="checkbox"/> Fence Installer	<input type="checkbox"/> Pool Installer	<input type="checkbox"/> Fire Suppression/Sprinkler*
<input type="checkbox"/> Demolition/Movers	<input type="checkbox"/> Sewer Installer	<input type="checkbox"/> Sign Erector
<input type="checkbox"/> Hydronic*		

\* STATE LICENSE NO.: \_\_\_\_\_ WORKERS' COMP NO.: \_\_\_\_\_

\* Requires a State License – (Electrical, HVAC, Hydronic, Plumbing, Fire Suppression/Sprinkler, Fire Alarm)

**NOTE: ALL REGISTRATION LIMITED TO THE CALENDAR YEAR OF ISSUANCE.**

**REGISTRATION FEE: \$75.00 PER CALENDAR YEAR**

I agree to have all subcontractors working under this registration to also register as subcontractors with the Village of Grafton. I also agree to notify the Village of Grafton of any independent (IRS Form 1099) or temporary workers in my employ (See ACO Section 880.15).

I hereby agree to conditions of this Registration and comply with all Ordinances of the Village of Grafton and the laws of the State of Ohio, relating to work to be done thereunder, and said agreement is a condition of the Registration.

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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**TO BE COMPLETED BY VILLAGE OF GRAFTON BUILDING DEPARTMENT**

FEE AMOUNT PAID \_\_\_\_\_ RECEIPT NO. \_\_\_\_\_ DATE \_\_\_\_\_

REGISTRATION APPROVED \_\_\_\_\_ REGISTRATION DENIED \_\_\_\_\_

CBO \_\_\_\_\_ DATE \_\_\_\_\_

REASON FOR DENIAL: \_\_\_\_\_

\_\_\_\_\_

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: \_\_\_\_\_

BUILDING PERMIT #: \_\_\_\_\_

ADDRESS OF CONSTRUCTION SITE: \_\_\_\_\_

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
COZ-REG-OR GLW							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							
COZ-REG-OR BCB							

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 TOLL FREE: (800) 860-RITA (7482)  
COLUMBUS TOLL FREE: (866) 721-RITA (7482)  
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332  
FAX: (440) 526-3136