

## **City of North Canton Contractor's Registration and Renewal**

Contractors must be registered when performing work in the City of North Canton, even if a permit is not required. This includes utility contractors.

All registrations expire on **December 31st** of each year.

The Contractor needs to submit:

1. Registration Fee of \$150.00 (Credit Card, Check, or Exact Cash)
2. \$10,000 Bond-
  - a. Continuation certificates are accepted
  - b. Must use the City's bond form
  - c. The City must have the **original** form
3. Certificate of Liability Insurance
4. Copy of Workers Compensation Certificate or Sole proprietor waiver
5. All HVAC, Electric, and Plumbing Contractors must provide a copy of their State of Ohio License Certificate
6. RITA Income Tax form 48

If you wish to **mail** your application please send  
to: City of North Canton  
Department of Permits & Development  
145 North Main Street  
North Canton, Ohio 44720

If you wish to **drop off** application:

845 West Maple Street  
North Canton, Ohio 44720  
Phone: 330-499-5557  
Fax: 330-966-3630

If application is sent by mail please provide a self-addressed stamped envelope if you would like your receipt mailed back to you. You may also provide a fax or email address with a note to send your receipt. You may also pick up your receipt at the North Canton Permits & Development Department located at 845 West Maple Street North Canton, Ohio 44720.

Any questions may be directed to the Permits & Development department at 330-499-5557.



# City of NORTH CANTON, OHIO

145 NORTH MAIN STREET  
NORTH CANTON OHIO 44720-2587  
PH: (330) 499-5557 FAX: (330) 966-3630

## APPLICATION FOR NORTH CANTON REGISTRATION

Type of Registration \_\_\_\_\_ New \_\_\_\_\_ Renew \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Corporation/Business Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_

### Included with this application:

- \$150.00 Application Fee
- Evidence of Insurance
- Workers Compensation or Sole Proprietor Waiver
- Original \$10,000 Bond
- Copy of current State License (when applicable)
- Please remember to file income tax form directly to RITA

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

### For Office Use Only:

Registration Year: \_\_\_\_\_ Registration Number: \_\_\_\_\_

Date Processed: \_\_\_\_\_



# City of NORTH CANTON, OHIO

145 NORTH MAIN STREET  
NORTH CANTON OHIO 44720-2587

## BOND

Known all men by these presents, that we

Principal, and \_\_\_\_\_  
of \_\_\_\_\_, Ohio, as surety, are held and firmly bound  
into the City of North Canton, Ohio on the sum of ten thousand dollars (\$10,000.00).  
The payment of which, well and truly to be made, we jointly and severally bind  
ourselves, our heirs, executors and administrators.

Witness our hands and seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

The conditions of this bond are such that whereas the said  
\_\_\_\_\_ has been Registered by the City of North Canton, Ohio,  
to do \_\_\_\_\_ IN SAID City for the term ending December 31, \_\_\_\_\_

Now, if the said \_\_\_\_\_ shall well and faithfully  
indemnify and save harmless any person, firm, corporation or the City of North  
Canton, Ohio, from any loss and damages that may be occasioned from the failure to  
comply with damages that may be occasioned from the failure to comply with all of  
the ordinances of the City of North Canton, Ohio, relating to the  
\_\_\_\_\_ business, then this obligation shall be void, otherwise it shall  
be and remain in full force and virtue.

\_\_\_\_\_  
Contractor Signature

\_\_\_\_\_  
Surety

**Must have stamp from Insurance Company**



# City of NORTH CANTON, OHIO

145 NORTH MAIN STREET  
NORTH CANTON OHIO 44720-2587  
(330) 499-5557

I \_\_\_\_\_ of \_\_\_\_\_, do hereby  
(Name) (Company Name)  
state, that I am the sole proprietor and do not have employees in which I would  
need to supply workman's compensation.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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<br>PHONE NUMBER | SOCIAL SECURITY OR<br>FEDERAL I.D. NUMBER | ESTIMATED<br>START DATE | NUMBER OF<br>EMPLOYEES | ESTIMATED<br>WAGES PER MONTH | TRADE |
|---------------------------------------|--|------------------------------------|---|-------------------------|------------------------|------------------------------|-------|
| COZI-REG-OE<br>BCS                    |  |                                    |   |                         |                        |                              |       |
|                                       |  |                                    |   |                         |                        |                              |       |
| COZI-REG-OE<br>BCS                    |  |                                    |   |                         |                        |                              |       |
|                                       |  |                                    |   |                         |                        |                              |       |
| COZI-REG-OE<br>BCS                    |  |                                    |   |                         |                        |                              |       |
|                                       |  |                                    |   |                         |                        |                              |       |
| COZI-REG-OE<br>BCS                    |  |                                    |   |                         |                        |                              |       |
|                                       |  |                                    |   |                         |                        |                              |       |
| COZI-REG-OE<br>BCS                    |  |                                    |   |                         |                        |                              |       |
|                                       |  |                                    |   |                         |                        |                              |       |
| COZI-REG-OE<br>BCS                    |  |                                    |   |                         |                        |                              |       |
|                                       |  |                                    |   |                         |                        |                              |       |

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