

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 – This **MUST** be submitted **directly to RITA** either by mail or online at www.ritaohio.com or call 1-800-860-7482.

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