



Contractor Registration



City of North Canton

145 N Main Street

North Canton, OH 44720

Phone: (330) 499-8223, Option 4 Fax: (330) 966-3630

Contractors shall be registered when performing work in the City of North Canton, even if a permit is not required. This shall include utility contractors. (This requirement does not pertain to those utilities exempt by the PUCO regulations including but not limited to AEP, Dominion Gas, ATT, etc.) Contractors working on behalf of the utilities are not exempt from registration and thus are required to register and are responsible for acquiring their own permits.

All registrations expire on December 31st of each year.

Contractor Registration/Renewal Requirements:

1. Registration Fee - \$150.00 (Credit Card, Check or exact Cash)
2. \$10,000 Bond
 - a. The City's bond form shall be used
 - b. Continuation certificates are accepted
 - c. The City shall be given the original form
3. Certificate of Liability Insurance with City of North Canton named as Certificate Holder
4. Copy of Workers Compensation Certificate or Sole Proprietor Waiver
5. All HVAC, Electrical, Plumbing, Fire Alarm, and Fire Suppression Contractors shall provide a copy of their State of Ohio License Certificate
6. RITA Income Tax Form 48 – This shall be submitted with your application

Applications can be dropped off or mailed to:

City of North Canton
Department of Building & Permits
145 N Main Street
North Canton, OH 44720

NOTE: If an application is sent by mail, please provide a self-addressed stamped envelope if you would like your receipt and registration mailed back to you. If you would like your receipt and registration sent electronically, please provide a note with a fax number or email address. You may also pick up your receipt and registration in person at the aforementioned address.

Any questions may be directed to the Department of Building & Permits at (330) 499-8223, Option 4.



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Registration Type: _____ New Renewal

Applicant Name: _____ Phone: _____

Address: _____

Corporation/Business Name: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Application Checklist:

- \$150 Application Fee
- \$10,000 Bond
- Certificate of Liability Insurance with City of North Canton named as Certificate Holder
- Workers Compensation Certificate or Sole Proprietor Waiver
- Copy of current State License (when applicable)
- RITA Income Tax Form 48

Applicant's Signature _____ Date _____

Office Use Only:

Registration Number: _____ Registration Year: _____ Date Processed: _____



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BOND

Known all men by these presents, that we _____
as 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

Shall have stamp from Insurance Company



Sole Proprietor Waiver



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I, _____ of _____,
(Name) (Business Name)

do hereby affirm that I am the sole proprietor and have no employees, which by law, require I supply Worker's Compensation insurance.

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-RACU-OR GWS							
COZI-RACU-OR SCB							
COZI-RACU-OR BCB							
COZI-RACU-OR BCB							
COZI-RACU-OR BCB							
COZI-RACU-OR BCB							
COZI-RACU-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 LOCAL: (440) 526-0900
 COLUMBUS TOLL FREE: (866) 721-RITA (7482)
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TOLL FREE: (800) 860-RITA (7482)
 TDD: (440) 526-5332
 FAX: (440) 526-3136