



# Contractor Registration



City of North Canton  
145 N Main Street  
North Canton, OH 44720  
Phone: (330) 499-8223, Option 4

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 31<sup>st</sup> 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.



# Contractor Registration



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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 \_\_\_\_\_

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## 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



City of North Canton  
145 N Main Street  
North Canton, OH 44720  
Phone: (330) 499-8223, Option 4

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



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

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
	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
	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.		