

**VILLAGE OF MECHANICSBURG**

18 N Main St  
Mechanicsburg, OH 43044

**CONTRACTOR'S REGISTRATION**

Dear Contractor:

Enclosed herewith you will find an application for registration and licensing of contractor.

According to Ordinance 98-13 of the Ordinances of the Village of Mechanicsburg, you are required to:

1. Complete and return the enclosed **Contractor's Registration Application**.
2. Include wither your **Federal I.D. No. or Social Security No.**
3. **Complete and return the enclosed Regional Income Tax Registration Form (RITA)**.
4. **Submit a Certificate of Insurance of Liability.** **\*\*A Surety Bond is NOT REQUIRED\*\***
5. **Proof of Worker's Compensation**
6. If applicable, enclose a copy of your **State License for HVAC, Electrical, Plumbing or Fire Suppression Contractors only.**
7. If you are a General Contractor, all of your sub-contractors must also be registered.
8. Enclose a Check for the fee.

- A. Individual and organizations employing five or fewer employees.....\$50.00
- B. Organizations employing six or more employees.....\$75.00

(Any NSF will be charged and additional \$35.00). Please do not send cash in the mail. Cash is accepted in person. We do not accept credit cards. Please make check payable to the Village of Mechanicsburg.

Mailing Address: Village of Mechanicsburg  
18 N Main St.  
Mechanicsburg, OH 43044

You should also note that your license expires after **DECEMBER 31, ANNUALLY**. Again, you **MUST** be a registered contractor to do any type of work in Mechanicsburg.

For permit fees, Zoning regulations, procedures and general information please contact the Office at the Village of Mechanicsburg. (937) 834-3187.

Thank You,

April Huggins Davis  
Village Administrator

# Village of Mechanicsburg

18 N Main St  
Mechanicsburg OH 43044  
Phone (937) 834 3187

## CONTRACTOR REGISTRATION APPLICATION

Date \_\_\_\_\_

Company Name \_\_\_\_\_

Fed ID# or SSN \_\_\_\_\_ Owner's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

E Mail Address \_\_\_\_\_ *(if different)*

Under what category would you like to be listed, check only one:

Contractor type:  General  Electrical  Plumbing  HVAC  Other \_\_\_\_\_

Address of Job Site \_\_\_\_\_

Type of Work/Project to be performed \_\_\_\_\_

### REQUIREMENTS:

Registration Fee

Certificate of Insurance

Copy of State License-Required for Electrical, Plumbing, HVAC, and  
Fire Suppression Contractors

Rita Tax Form

Proof of Worker's Compensation

**Contractor License are good for one (1) calendar year and shall expire on December 31<sup>st</sup>**

\_\_\_\_\_  
Contractor's Name printed

\_\_\_\_\_  
Contractor's Signature

Please make checks payable to the Village of Mechanicsburg. We do not accept Credit Cards.

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
0021-RE-01-OR BCA						
0021-RE-01-OR BCA						
0021-RE-01-OR BCA						
0021-RE-01-OR BCA						
0021-RE-01-OR BCA						
0021-RE-01-OR BCA						

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