

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,

Roger Brake
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 31st

Contractor's Name printed

Contractor's Signature

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

Underground Boring

Contractor agrees to perform, at no additional charge to the Village of Mechanicsburg, the following services:

1. Prior to performing the boring work, to perform a pipeline inspection, via continuous video traverse, of any storm or sewer line located within 10 feet distance of the centerline of the boring work.
2. Prior to performing the boring work, to deliver a clearly labelled copy of the pre-boring video inspection to the Village Administrator.
3. Subsequent to performing the boring work, to perform a pipeline inspection, via continuous video traverse, of any storm or sewer line located within 10 feet distance of the centerline of the boring work.
4. Within 48 hours of the post-boring video inspection, delivering a clearly labelled copy of the post-boring video inspection to the Village Administrator.
5. To notify the Village Administrator of any instances where the boring work has penetrated, or is otherwise interfering with the normal function of, a water, sewer, or storm lines including specific physical location and specific video location.
6. To provide the Village Administrator with a certification stating that any damage resulting from the boring work, has been repaired, documentation of such repairs, and a third video inspection showing the repaired area. Contractors will still be held liable for any private lines disturbed or sink holes resulting from said work.

Please send videos of said work to Admin@mechanicsburgvillage.com

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: _____
 ADDRESS OF CONSTRUCTION SITE: _____

BUILDING PERMIT #: _____
 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
BCA 0021-R-401-0E						
BCA 0021-R-401-0E						
BCA 0021-R-401-0E						
BCA 0021-R-401-0E						
BCA 0021-R-401-0E						
BCA 0021-R-401-0E						
BCA 0021-R-401-0E						

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