

CONTRACTOR REGISTRATION APPLICATION



\$100.00 Per Registration Type, Check Each Box That Applies

Business Name: _____

Expiration Date: _____

Registration No.: _____

Registration Type

New Registration

Renewal

Home Improvement and Limited Contractor Registration

General Contractor (101), (103)

General contractors can pull only the following permits:
 Residential – new houses; Commercial—new buildings and remodels.

Concrete Forming and Placing & Finishing (106), (107)

General Sign Contractor (216)

Swimming Pool (329)

Sewer Contractor (343)

Demolition

Water Tapper

No registration fee, insurance or bond is required for Water Tapper,
 but a current City of Columbus license and RITA tax form is required.

Home Improvement General Contractor (139)

Residential Satellite Systems Installation

Residential Roofing (124)

Residential Siding, Windows and Doors (188)

Residential Wood Deck Installation

Residential Basement Waterproofing

Residential Masonry Fireplaces

Residential Aluminum Siding Installation

Residential Asphalt Paving

Residential Fencing

Residential Sidewalks and Driveway Approaches

Residential Exterior Lathing and Stucco

Residential Security Systems/Burglar/Fire

OCILB REGISTRATION

(You must include a copy of your current State of Ohio License, along with all other documentation listed below)

Electric

HVAC

Plumbing

Hydronics

Refrigeration

FIRE REGISTRATION

(You must include a copy of your current State of Ohio License, along with all other documentation listed below)

Automatic Sprinkler & Standpipe Systems Engineered Extinguishing Equipment (OTW) Fire Alarm & Detection Equipment

Fire Pumps Fire Service Mains Household Fire Warning Equipment Only Pre-Engineered Extinguishing Equipment (OTW)

Required Documents

All contractors must provide the following documentation before any registration will be processed:

Certificate of Insurance (\$300,000 minimum liability)

(Certificate holder must be Grove City)

Insurance Company: _____

Representative: _____

Phone: _____ Expiration: _____

\$15,000 Bond (Signed & Sealed)

(Continuation certificates accepted if original bond is on file with Grove City Building Division)

Bond Company: _____

Representative: _____

Surety Bond Amount: \$15,000 required

Expiration: _____ Bond No.: _____

State License (for OCILB Contractors)

License No: _____ Expiration: _____

License Type: _____

City of Columbus License

(OCILB and Fire Contractors are exempt)

License No: _____ Expiration: _____

License Type: _____

- Previous test score (if required) from Grove City-approved testing facility: _____
- RITA Form 48 (City Tax) - See attached form

NOTE: Insurance, state and city license documentation must be provided; no copies will be retained from previous years.

NOTICE

This registration is revocable or may be suspended if the terms and conditions under which it is granted are violated. It is the responsibility of the contractor to ensure that the liability insurance and state license is updated to prevent delays in processing permits and inspections. Work shall not be started without an approved permit.

Office Use

Receipt/Trans. No. _____

Check No. _____

Date Entered _____

Date Issued _____

_____ Registrations at \$100 per registration = _____

(Total Fees Due)

APPROVAL

Inspector Initials _____

Date _____

Contractor Information

Company Name/DBA: _____ License Holder: _____

Address: _____ City, State, ZIP: _____

E-mail Address: _____ Social Security No.: _____

Office Telephone Number: _____ Office Fax Number: _____

Cell Phone Number: _____ Federal ID: _____

ACKNOWLEDGEMENT OF CONTRACTOR REGISTRATION MINIMUM REQUIREMENTS



Contractor Information

Name _____ Date of Birth _____

RESIDENCE

Address _____

City/State/ZIP _____

Telephone Number _____

BUSINESS

Address _____

City/State/ZIP _____

Telephone Number _____

Dates of any previous registrations with Grove City Building Division _____

Is the applicant 18 years of age or older? YES NO

Is the applicant a United States citizen? YES NO

Has the applicant been convicted of a felony? YES NO If yes, explain _____

Does the applicant have a record of code violations? YES NO If yes, explain _____

Has the applicant been sanctioned by any body for dishonest practice or malpractice? YES NO

If yes, explain _____

Experience/Education/Testing

All first-time registrations that don't include a state and/or Columbus license must include records of all available testing results as well as a statement of experience that includes all of the following items:

- List of employment or projects with dates of same
- Detailed work-related information about the employment or projects listed
- Length of time devoted to each such employment or project listed
- Name of the employer or other responsible person with direct knowledge of the quality of the work performed by the applicant
- Statement about the applicant's character by each such employer or responsible project manager
- Statement by the applicant of all schooling and training obtained by

Notarized Signature

I, _____, attest that I meet the minimum experience requirements for contractor registration in the City of Grove City and that the information contained within this application and all attached documents is true and complete.

Signature of applicant _____ Date _____

Sworn to before me and subscribed in my presence this _____ day of _____, in the year _____.

Notary Public _____ My commission expires _____

NOTARY SEAL HERE

ACKNOWLEDGEMENT OF CONTRACTOR REGISTRATION MINIMUM REQUIREMENTS



Minimum Experience Requirements by Contractor Type

Home Improvement General Contractor

Applicant shall have a minimum of three full years experience in the one-, two- and three-family home improvement field.

Home Improvement Limited Contractor

Applicant shall have a minimum of one full year of experience in the field for which the applicant is registering:

- Residential roofing
- Residential siding, windows and doors
- Residential wood deck installation
- Residential basement waterproofing
- Residential prefabricated fireplaces and wood or coal stoves
- Residential masonry fireplaces
- Residential aluminum siding installation
- Residential fencing
- Residential sidewalks and driveway approaches
- Residential exterior lathing and stucco
- Residential pools and spas
- Residential asphalt paving
- Residential irrigation sprinkler
- Residential satellite systems insulation
- Residential security systems

Sewer Contractor

The minimum experience required for an applicant shall be evidenced in writing and shall have been obtained in any of the following ways:

- Two consecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered sewer contractor
- Three cumulative, nonconsecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered

sewer contractor

- A current, valid registration as a sewer contractor in another recognized city, county or state
- Two full years of experience working on sewer systems

General Sign Contractor

The minimum experience required for an applicant shall be evidenced in writing and shall have been obtained in any of the following ways:

- Two consecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered general sign contractor
- Three cumulative, nonconsecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered general sign contractor
- A current, valid registration as a general sign contractor in another recognized city, county or state
- Two full years of experience working on sign systems

Limited Sign Contractor

The minimum experience required for an applicant shall be evidenced in writing and shall have been obtained in any of the following ways:

- Two consecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered general sign contractor
- Three cumulative, nonconsecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered limited sign contractor
- A current, valid registration as a general sign contractor in another recognized city, county or state
- Two full years of experience working on sign systems

DETERMINATION OF A FULL YEAR

A "full year" of experience, as required above, shall be based on 12 consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than 1,600 working hours at the specific craft, trade or profession for which an application for a Grove City Building Division-issued registration has been made.



The City of Grove City

4035 Broadway, Grove City, Oh 43123
Phone: 614-277-3075 Fax: 614-277-3090
www.grovecityohio.gov

CONTRACTOR REGISTRATION BOND FORM

Bond # _____ Date _____ Amount **\$15,000**

KNOW ALL MEN BY THESE PRESENTS:

That (Licensee/Certificate Holder) _____
of (Company Name) _____
as Principal and (Bond Company) _____

as Surety, are held firmly bound unto the City of Grove City, Grove City c/o City Treasurer for the General Fund, City of Grove City, P.O. Box 427, 4035 Broadway Grove City, Oh 43123, as Obligee, in the sum of Fifteen Thousand and no/100th Dollars (\$15,000.00) to be paid to said Obligee City, its successors and assigns, and for the payment thereof well and truly to be made, we, Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

WHEREAS, the above principal has or is about to apply to said Obligee for a license/registration as a, **(all registration types must be listed)**

_____ Contractor

for the term commencing this date and ending (MO/DAY/YR) _____, pursuant to GROVE CITY CODIFIED ORDINANCES, Chapter 1377.06, 1377.04 & 1375.06 May 16, 2002 as applicable.

WHEREAS, Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such license/registration.

NOW THEREFORE, if the license/registration shall be issued to Principal and Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property of the City and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

IT IS FURTHER AGREED AND UNDERSTOOD that Surety Company reserves the right to cancel this bond by giving thirty (30) days written notice to Obligee c/o Administrator for The Building Division, P.O. Box 427, Grove City, Oh 43123, upon receipt of such cancellation notice, Surety Company is relieved of any further liability. Surety Company will be liable for loss accruing up to the effective date of said cancellation notice, but in no event to exceed said \$15,000.00

Signed this _____ day of _____, in the year _____

Licensee/Certificate Holder _____ By _____
(PRINT OR TYPE NAME) **Must be signed** (SIGNATURE)

Surety _____ By (Attorney-in-fact) _____
(PRINT OR TYPE NAME) (SIGNATURE)

Seal



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
COZ-REG-OR GWB						
COZ-REG-OR GWB						
COZ-REG-OR GWB						
COZ-REG-OR GWB						
COZ-REG-OR GWB						
COZ-REG-OR GWB						
COZ-REG-OR GWB						
COZ-REG-OR GWB						

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 LOCAL: (614) 538-0512
 YOUNGSTOWN LOCAL: (330) 743-3400

TDD: (440) 526-5332
 TOLL FREE: 1-(800) 860-RITA (7482)
 FAX: (440) 526-3136