



CITY OF AVON

Building Department

36080 Chester Road · Avon, OH 44011 · Phone (440) 937-7811 · Fax (440) 937-7824 · www.cityofavon.com

TO: All Contractors / Subcontractors
FROM: City of Avon – Building Department
SUBJECT: Contractor Registration and Registration Requirements

REGISTRATION IS REQUIRED OF ALL CONTRACTORS AND SUBCONTRACTORS PERFORMING WORK, OR PROVIDING SERVICES COVERED BY THE BUILDING CODE, PRIOR TO THE ISSUANCE OF A PERMIT (Chapter 1444.01 of the City of Avon Codified Ordinances). NO PERSON SHALL UNDERTAKE, INDIVIDUALLY OR FOR ANOTHER, TO ENGAGE FOR HIRE IN ANY OF THE CRAFTS, TRADES AND BUSINESSES WITHIN THE CITY, UNTIL SUCH PERSON HAS BEEN DULY REGISTERED WITH THE CITY TO PERFORM SUCH WORK. (Chapter 1444.01 of the City of Avon Codified Ordinances). *Contractors who begin work in the city without first registering may be subject to a stop work order and court citation. The fine for this offense is set forth in Section 1440.99 of the Codified Ordinances of the City of Avon.*

APPLICATION REQUIREMENTS

Failure to include the following may delay the processing of your application.

1. REGISTRATION FEE – **\$75.00** Check payable to the *City of Avon*.
 - a. Additional **\$75.00** is required if work started prior to registration.
2. COMPLETED APPLICATION –
 - a. **Required:** Pages 1 & 2
 - b. **Including notarized page 2 (This certifies the information provided.)**
3. \$10,000 LICENSE PERFORMANCE BOND (**Pages 3 & 4**)
 - a. Only original bonds will be accepted.
 - b. Continuation bonds will not be accepted.
 - c. Bond is to expire December 31st of the current year.
We accept a thirteen-month bond after December 1st.
 - d. The City of Avon Bond ONLY and the form is provided in this packet.
4. RITA – Regional Income Tax Agency (**Pages 5 & 6**)
5. LIABILITY INSURANCE
 - a. Name the City of Avon as Certificate Holder.
 - b. (City of Avon does not need to be listed as Additional Insured)
 - c. Bodily Injury in the amount of \$100,000/\$300,000 (per person) for accidental injury.
 - d. Property Damage in the amount of at least \$50,000
6. STATE CERTIFICATION – Attach a copy of the state license for Electrical, HVAC, Plumbing, Automatic Sprinklers and Fire Protection, and Alarm Systems
7. OHIO BUREAU OF WORKERS' COMPENSATION CERTIFICATE

Full completion of this form serves as registration with the
City of Avon Income Tax Department as required by Chapter 880
of the Taxation Code of the City.



**ANNUAL CONTRACTOR AND SUBCONTRACTOR
BUSINESS REGISTRATION FORM**

ANNUAL CONTRACTOR AND SUBCONTRACTOR BUSINESS REGISTRATION FORM

Name of Company (DBA): _____

PRINT Name of Contact Person: _____

Phone: _____ **Fax:** _____ **Cell:** _____

E-Mail: _____ **FED ID:** _____

Address of Office/Home: _____

City: _____ **State:** _____ **Zip Code:** _____

Nature of Business: _____
(For Example: General, Concrete, Electrical, Roofing, Plumbing, etc.)

State License No.: _____ **Worker's Comp. No.:** _____

NOTE: ALL LICENSE/CONTRACTOR REGISTRATION IS LIMITED TO THE CALENDAR YEAR OF ISSUANCE.

Contractor Registration Fee: \$75.00 per calendar year & an additional \$75.00 will be charged if work is started prior to registration.

REGISTRATION IS REQUIRED OF ALL CONTRACTORS AND SUBCONTRACTORS PERFORMING WORK, OR PROVIDING SERVICES COVERED BY THE BUILDING CODE, PRIOR TO THE ISSUANCE OF A PERMIT

(Chapter 1444 of the City of Avon Codified Ordinances). *Contractors who begin work in the city without first registering may be subject to a stop work order and court citation. The fine for this offense is set forth in Section 1440.99 of the Codified Ordinances of the City of Avon.*

Registering as a Contractor you are acknowledging that you will have employees from the company working in the City of Avon.

Estimate of how many employees in the calendar year. **(THIS MUST HAVE A NUMBER 1-100)**

Hiring individuals being issued 1099 IRS form are considered independent contractors, they must also be registered as a contractor(s).

Applicant's Signature: _____ **Date:** _____

By signing this application, you attest to understanding the requirements. Failure to comply with our regulations could result in revoking your Contractor Registration.



TO BE COMPLETED BY THE CITY OF AVON BUILDING DEPARTMENT

Fee Amount Paid: _____ **Receipt No.:** _____ **Date:** _____

License No.: _____ **Approved By:** _____

Job Site/Project: _____ **Date:** _____



**ANNUAL CONTRACTOR AND SUBCONTRACTOR
BUSINESS REGISTRATION FORM**

All contractors (whether engaged as a prime or subcontractor) must fully comply with all applicable city, state and federal codes including, but not limited to: worker's compensation laws, unemployment compensation laws (whether state and/or federal), all applicable withholding taxes for employees, and applicable permit fees. Failure to comply may result in a fine and/or imprisonment as otherwise provided by law as well as revocation of registration.

I, _____, BEING DULY AUTHORIZED BY THE CONTRACTOR OR SUBCONTRACTOR TO RESPOND TO THE ABOVE QUESTIONS, DO HEREBY CERTIFY AND DECLARE UNDER PENALTY OF PERJURY, THAT I HAVE READ ALL OF THE FOREGOING ANSWERS, AND THAT THOSE ANSWERS ARE TRUE TO THE BEST OF MY ACTUAL KNOWLEDGE, AND BELIEF, AND HAVE HAD THE OPPORTUNITY TO REVIEW CHAPTER 1444 OF THE AVON CODIFIED ORDINANCES AND WILL ADHERE TO AND COMPLY WITH ALL REQUIREMENTS OF CHAPTER 1444.

Signed: _____ **Date:** _____

Print Name and Title: _____

STATE OF OHIO)
) ss
COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared the above-named _____, who acknowledged before me that ____ did sign the foregoing instrument and that the same is _____ free act and deed.

IN WITNESS WHEREOF, I have hereunto affixed my name and official seal at _____, Ohio, this _____ day of _____, 20____.

(SEAL)

Notary Public

My Commission Expires: _____



City of Avon-Building Department
36080 Chester Road
Avon, OH 44011
(440) 937-7811

LICENSE PERFORMANCE BOND

Know all men by these presents, that _____
as principal and _____ as Surety are held
firmly bound unto the City of Avon, or to any of its officers, for the use of any person,
persons, firm or corporation with whom such Principal shall contract to construct, alter,
repair, add to, subtract from, reconstruct or remodel any building structure or
appurtenance thereto or any part thereof, in accordance with the provisions and the
requirements of the Building Code of the City of Avon, in the penal sum of Ten
Thousand Dollars (**\$10,000.00**) lawful money of the United States, for the payment of
which sum well and truly to be made, we bind ourselves, our heirs, executors,
administrators, successors and assigns, jointly and severally, firmly by these presents.

The conditions of the above obligation are such, that whereas the above Principal
_____ has made application to the Building
Inspector for a license as a contractor to engage in the business to construct, alter, repair,
add to, subtract from, reconstruct, or remodel any building, structure or appurtenance
thereto or any part thereof as required by the Building Code of Avon during the year
beginning _____ and ending December 31, _____.

Now, therefore the said _____ agrees that it
shall well and truly indemnify, keep and save harmless the City of Avon, or any

of it's agents or officials for the use of any person, persons, firm or corporation with whom such contractor shall contract to do the work, and shall indemnify and pay any such person, firm or corporation for damage sustained on account of the failure of such contractor to perform the work so contracted for in accordance with the provisions of the Building Code of Avon, and any and all lawful rules and regulations promulgated under the authority thereof, and from or by reason or on account of anything done under and by virtue of any permits issued under such license for the doing of any work, required to be done in the construction, alteration, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto or any Part thereof. The said _____ further agrees to pay all damages for loss that may occur from any act, neglect or carelessness of the principal, its agents or employees or any other under his or its supervision or direction or any subcontractor from such work pertaining to said business or occupation or from poor or defective work material. This License/Performance Bond is to remain in full force and effect throughout the calendar year _____

PRINCIPAL _____
Signature Date

Address _____

SEAL

SURETY: _____
Signature Date

Address: _____

11/4/15

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.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.526.3136

Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	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 ALL of the required information listed above.		