



Village of Ashville
P.O. Box 195
200 East Station Street
Ashville, OH 43103



Office: (740) 983-7172 • Fax: (740) 983-4703
Email: pcavinee@ashvilleohio.gov

Building Department

CONTRACTOR/SUBCONTRACTOR REGISTRATION

If you desire to operate as a contractor/subcontractor in the Village of Ashville, you are required to submit the enclosed APPLICATION FOR CONTRACTOR/SUB-CONTRACTOR REGISTRATION accompanied by the required documents and fee(s) **ANNUALLY**.

Requirements to obtain a "Contractor/Sub-Contractor Registration" are as follows:

- The fee required to accompany the application is seventy-five dollars (\$75.00) **PER** trade made payable to the *Village of Ashville*.
- Evidence of a current license issued by the Ohio Construction Industry Examining Board (OCIEB) is required for registration as Plumbing, Electrical, HVAC, Refrigeration, and Hydronics contractors, Ohio Revised Code Chapter 4740.
- Evidence of a current license issued by the Ohio State Department of Health is required for registration as asbestos, lead or radon abatement and/or testing contractors.
- Certificate of Insurance indicating the General Liability coverage limits with a 10-day cancellation notice. General Liability insurance, including but without limitation, for bodily injury in the amount of one hundred thousand dollars/three hundred thousand dollars (\$100,000/\$300,000), and for property damage in the amount of at least fifty thousand dollars (\$50,000) or such greater amounts as permitted by Ohio R.C. 4740.06(B)(4).
- Proof of current State of Ohio automobile coverage for the contractor's vehicle(s) for the period the contractor is registered to work in the Village, Ordinance No. 2007-09.
- Copy of valid Ohio driver's license.
- Completed bond form with seal and attached power of attorney for **EACH** trade. The amount of the Registration Bond is ten thousand dollars (\$10,000.00) under Ordinance 1321.
- Income tax registration with RITA (Form 48) (unless currently registered).
- Self addressed stamped envelope (not necessary if registering in person).

* The penalty for starting work prior to obtaining a "Contractor/Sub-Contractor Registration" is one hundred dollars (\$100.00).

For your convenience the Building Department has attached the following:

- An APPLICATION FOR CERTIFICATE OF CONTRACTOR/SUBCONTRACTOR REGISTRATION (you must list up to three agents who are able to pull permits under your company's name.)
- A Village of Ashville REGISTRATION BOND form.
- INCOME TAX REGISTRATION (if not previously registered with the Village of Ashville)

The enclosed documents contain specific information and instructions. Please read each form completely and carefully.



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Building Department

CONTRACTOR / SUB-CONTRACTOR REGISTRATION

Date: ___/___/___

For Internal Use			
Registration # _____	Registration # _____	Registration # _____	Registration # _____
Registration # _____	Registration # _____	Registration # _____	Registration # _____

Applicant Name:			
Address:			
Number & Street	City/Village	State	Zip Code
Phone:	Cell Phone		
Company Name (DBA):			
Address:			
Number & Street	City/Village	State	Zip Code
Phone:	Cell Phone:	Fax:	
Email Address:			
Federal ID #	State Corporation #		
Valid Drivers License Number of applicant::		Submit a copy with this application.	
Check the trade for which the application is being made:			
<input type="checkbox"/> General Building	<input type="checkbox"/> Electrical	<input type="checkbox"/> HVAC (Hydronic)	
<input type="checkbox"/> Fire Suppression Commercial	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Other (describe below)	
Contractors MUST provide a copy of their State License in order to obtain Electrical, Plumbing and/or HVAC Registrations for Commercial Permits			
Authorized Agents			
Agent # 1			
Agent # 2			
Agent # 3			

All registrations Expire on December 31st of each year.

I hereby indicate that all of the information is true to the best of my knowledge, that I am at least 18 years of age, able to interpret construction plans and specifications, and able to comply with the requirements of the Village of Ashville Ordinances/Resolutions.

Print Applicant's Name
 Approved _____ Disapproved _____
 Date: _____

Signature of Applicant

 Signature of Building Inspector



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BOND NO. _____
(REQUIRED)

Ashville, Ohio REGISTRATION BOND

KNOW ALL MEN BY THESE PRESENTS, THAT WE, _____
doing business as principal, hereinafter referred to as the principal, and, _____
as surety, hereinafter referred to as the surety, are held and firmly bound unto the **Village of Ashville**, in the
sum of Ten Thousand Dollars (\$10,000) for payment of which, well and truly to be made we bind ourselves,
our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Witness our hand and seals this _____ day of _____, 20____.

The conditions of the above obligations are such that:

Whereas, the said principal made application to the **Village of Ashville** for a license/registration in
accordance with Ordinance 2010-02 of the Village of Ashville Chapter 1321.03 Codified Ordinances, as a
contractor to engage in the business of:

- | | |
|-----------------------------------|--|
| _____ General Building | _____ HVAC (Hydronics) |
| _____ Plumbing | _____ Electrical |
| _____ Fire Suppression commercial | _____ Other, provide details on line below |

_____ within the **Village of Ashville** during the calendar year of _____ in accordance with the provisions of Code of Ordinances of the **Village of Ashville**.

Now therefore, if the said principal shall faithfully observe all the duties and discharge all the obligations incurred by him during said registration period under the ordinances of the **Village of Ashville** applying to the construction, alterations, repair, addition to, subtraction from, reconstruction or remodeling of any building, structure or appurtenance thereto, or any part thereof, and the ordinances applying to underground construction and/or work within the public right of way, and all the lawful orders of the **Village of Ashville**, issued under said ordinances, then this obligation shall be void, otherwise, the same shall be and remain in full force and effect; the undersigned agreeing and consenting that this undertaking shall be for the benefit of any party damaged by the principal's failure to comply with the duties, terms, conditions, provisions and requirements of the ordinances of the **Village of Ashville** applying to such work and the lawful orders of the **Village of Ashville** issued under such ordinances, as well as for the benefit of the obligee herein, and either or both may bring action on the bond, but said action must be commenced within two years after expiration of the principal's registration.

SEAL

PRINCIPAL

SURETY
(SIGNATURE OF AGENT EXECUTING BOND)

NOTE: ATTACH POWER OF ATTORNEY

(If this Bond is executed by any agent for a Principal or a Surety, such Agent must affix a copy of his Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached hereto).



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
COZI-REG-OE BCS							
COZI-REG-OE BCS							
COZI-REG-OE BCS							
COZI-REG-OE BCS							
COZI-REG-OE BCS							
COZI-REG-OE BCS							

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