APPLICATION FOR CONTRACTOR REGISTRATION/RENEWAL OF REGISTRATION INSTRUCTION AND CHECKLIST

All persons/companies doing work in the City of Highland Heights must be registered with the City as required by Chapter 1313 of the Codified Ordinances. Attached is the registration application form.

Use the following checklist to ensure accurate completion of the application:

- **PAYMENT** – Cash or Check. Checks made payable to the City of Highland Heights as follows:
  
  - **GENERAL CONTRACTORS** - $100.00
  - **SUB-CONTRACTORS** - $50.00

- **CONTRACTOR CATEGORIES** – Those engaging in work as a registered contractor, either by hire, contract or subcontract, shall be registered for each classification type.

- **CERTIFICATE OF INSURANCE** – Insurance for bodily injury in the amount of $100,000 to $300,000 and for property damage in the amount of $50,000 minimums. The City of Highland Heights must be listed as additionally insured on the certificate.

- **RITA** – Complete the Regional Income Tax Agency Business Registration form and submit with your application. For questions regarding this form, call RITA at 440-526-0900.

- **STATE OF OHO CONTRACTOR LICENSES** - Those engaged in Electrical, HVAC, Refrigeration, Plumbing, Hydronic, Fire Suppression and Security / Fire Alarm Systems have to submit copies of current State of Ohio License (s).

**YOU ARE RESPONSIBLE FOR OBTAINING A BUILDING PERMIT FOR EACH ADDRESS YOU WORK AT IN THE CITY OF HIGHLAND HEIGHTS.**
APPLICATION FOR CONTRACTOR REGISTRATION AND RENEWAL OF REGISTRATION

I do hereby apply for registration to operate as a ___________________ contractor within the corporation limits of Highland Heights, Ohio.

____________________________  ________________________
(Company Name – Please Print) (Name of applicant – Please print)

Business Address: ________________________________________________________________
(Office Address – Street, City, Zip code)

Email Address: _________________________________________________________________

Business Phone: ___________________________    Cell Phone: __________________________

Renewal:   Yes_______ or New_______

____________________________
Highland Heights Contractor Registration Number

____________________________
OCLIB License Number and Expiration Date    Federal Identification Number

Has your license/registration in any municipality or State of Ohio ever been suspended/revoked? __________

If so, give date, and location ____________________________________________________________

I hereby certify I will abide by the ordinances of the City of Highland Heights State Building Code. I am fully aware of the requirements of the same. Any misrepresentation of data or facts will be cause for refusal of registration or revocation of registration when issued.

____________________________  _______________________
Signature of Applicant/Date    Building Official
TO: All Contractors

FROM: Joseph G. Filippo
Director of Finance

SUBJECT: Municipal Income Tax Withholdings

As part of the permit application process, you are asked to provide the requested information below. Section 111.0501(b) of the Codified Ordinances of the City of Highland Heights states in part that a tax of two percent (2.0%) shall be imposed on “all salaries, wages, commissions, and other compensation earned…” by nonresidents of the Municipality for work done or service performed or rendered within the Municipality of Highland Heights.

All payments are to be remitted to the Regional Income Tax Authority (R.I.T.A.), 10107 Brecksville Road, Brecksville, Ohio 44141 on Form 11. This form is available either from R.I.T.A. or from the City of Highland Heights Finance Department. Form 11 is also available at www.ritaohio.com.

Thank you in advance for your cooperation in this matter.

___________________________________________________________
(Please print Company Name)

acknowledges the tax liability of 2.0 percent to the City of Highland Heights for work performed in the City and will withhold from employees any tax due. If no employee(s) will be working, a list of sub-contractors is attached.

___________________________________________________________
Name (Please Print)

___________________________________________________________
Signature

___________________________________________________________
Title

___________________________________________________________
Address

City, State, Zip Code

___________________________________________________________
Federal I.D. or Social Security Number

Date

___________________________________________________________
Phone Number