



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 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 1-4
 - b. **Including notarized page 4**
3. \$10,000 LICENSE PERFORMANCE BOND (**Pages 5 & 6**)
 - a. Only original bonds will be accepted.
 - b. Bond is to expire December 31st of the current year. If registering after December 1st the bond may be written so that it will expire on December 31st of the following year.
 - c. The City of Avon does provide a bond form.
4. RITA – Regional Income Tax Agency (**Pages 7 & 8**)
5. LIABILITY INSURANCE
 - a. Name the City of Avon as Certificate Holder. (City of Avon does not need to be listed as Additional Insured)
 - b. Bodily Injury in the amount of \$100,000/\$300,000 (per person) for accidental injury.
 - c. 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.

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***SOLE PROPRIETORS, PARTNERSHIPS AND UN-INCORPORATED BUSINESSES:** Provide names, addresses, and social security numbers of all owners on **block 18, page 3 of this application.**

Will you have employees working in the City of Avon? _____ If so, how many? _____

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

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TO BE COMPLETED BY THE CITY OF AVON BUILDING DEPARTMENT

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

License No.: _____

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



ANNUAL CONTRACTOR AND SUBCONTRACTOR BUSINESS REGISTRATION FORM

	YES	NO
1. Does your business utilize subcontractors?	<input type="checkbox"/>	<input type="checkbox"/>
2. If your answer to Question 1 is "Yes," have you listed all subcontractors in Block No. 17 of this application?	<input type="checkbox"/>	<input type="checkbox"/>
3. If your answer to Question 1 is "Yes," do you certify that all subcontractors utilized will obtain a Certificate of Registration from the City prior to being utilized in any project in the City?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you certify that all individuals being issued an IRS Form 1099 will be considered independent contractors and will obtain a Certificate of Registration from the City prior to being utilized in any project in the City and if the independent contractor fails to comply, your registration could be revoked.	<input type="checkbox"/>	<input type="checkbox"/>
5. Is evidence attached from a proper licensing authority, if applicable, that the applicant has received all necessary licenses? If "Yes," please list license registration type: License Type: _____ License #: _____ State: _____	<input type="checkbox"/>	<input type="checkbox"/>
License Type: _____ License #: _____ State: _____		
6. Do you certify that your business has not had a license revoked in any state or municipality?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you certify that your business has not been penalized or debarred from any public contract in the previous five (5) years for providing falsified certified payroll records or other violation of the Fair Labor Standards Act?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you certify that your business maintains a substance abuse policy for its personnel per Ohio Governor's Executive Order No. 2002-13T?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your business have current Ohio Workers' Compensation Coverage and is a copy attached?	<input type="checkbox"/>	<input type="checkbox"/>
10. If your answer to Question 9 is "Yes," do you certify that your business does not have a Bureau of Workers' Compensation Experience Modification Rating greater than 2.0? If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
11. Do you certify that your business has not had any "serious," "intentional," or "willful" violations of any Occupational Safety and Health Administration regulations in the previous two (2) years?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you certify that your business has not had any convictions for violations of the Avon Building or Zoning Codes within the previous five (5) years? If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you obtained, and attached, the original \$10,000 license performance bond required by City of Avon Codified Ordinance Section 1444.08?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you certify that your business has not had any performance or license performance bonds exercised on any projects within the previous ten (10) years? If no, please explain:	<input type="checkbox"/>	<input type="checkbox"/>
15. Does your business have a Certificate of Liability Insurance Policy with a policy limit of at least \$100,000 each occurrence? If "No" what are your limits?	<input type="checkbox"/>	<input type="checkbox"/>
16. Have you attached a copy of the Certificate of Liability Insurance Policy?	<input type="checkbox"/>	<input type="checkbox"/>



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

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 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