



CITY OF VERMILION BUILDING DEPARTMENT

5511 LIBERTY AVENUE • VERMILION, OHIO 44089 • (440) 204-2410 • FAX (440) 204-2411

TO : ALL GENERAL, SPECIALTY and SUBCONTRACTORS
REF: 2021 REGISTRATION REQUIREMENTS [Ordinance 1444.02]

NO BOND REQUIRED

Your registration as a contractor in the City of Vermilion expires December 31st each calendar year. You must register EVERY YEAR prior to beginning work! Enclosed are your registration application forms.

The following items are **required each year** by the Contractor Registration Board:

- ☐ **Application for Registration:** Fill in the form COMPLETELY. Incomplete applications will not be processed! *Please provide a self-addressed, stamped envelope. Upon approval of registration, a certificate will be mailed.*
 - ☐ If registering as Electric, HVAC, Plumbing, Hydronics, Refrigeration, or Fire Protection contractor, a copy of your current, valid STATE LICENSE is required.
- NOTE: If your company registers in multiple trades, you need separate application forms and payments for each, however, the Insurance, Workers' Comp, RITA and other City documents can be used for all. Payments can be combined into one.*
- ☐ **Certificate of Liability Insurance:** Certificate must be at least \$500,000 and list the City of Vermilion as certificate holder.
- ☐ **Workers' Compensation Certificate:** Copy of your certificate or a notarized affidavit on the City form stating a valid reason for exemption.
- ☐ **Regional Income Tax Agency [R.I.T.A.] Form**
- ☐ **Copy of Registration from another City:** *If this is your **first time** registering with the City, you must provide a copy of a current registration from another City.*
- ☐ **Fee payment:** Credit cards, checks (made out to The City of Vermilion) are accepted.

TYPE	FEE	DISCOUNT*	*RENEWALS between November 15, 2020 - January 15, 2021 will receive the discount
General	\$150	\$125*	
Subs & Specialty	\$100	\$ 75*	

Overpayments refunded only upon receipt of written request accompanied by a self-addressed, stamped envelope.

COV 1444.02 - Failure to comply with this requirement prior to commencing any work in the City of Vermilion shall result in a registration fee of \$500.00.

PLEASE DIRECT ALL CORRESPONDENCE AND INQUIRIES TO:

Robert Kurtz

Robert Kurtz
CHIEF BUILDING OFFICIAL

Bridget Triana

Bridget Triana
ADMINISTRATIVE CLERK

CONTRACTOR REGISTRATATION BOARD OF EXAMINERS

REGISTRATION TYPES	EXAM
DEMOLITION	Y
EXCAVATING/TRENCHING	Y
MASONRY	Y
PAINTER/INTERIOR DECORATOR	Y
PAVING (Asphalt)	Y
POURED CONCRETE (flatwork, foundation)	Y
ROOFING	Y
GENERAL CONTRACTOR * NOTE: When proof of registration elsewhere in Carpentry/Framing/Handyman trade CANNOT be provided, Contractor must pass (min. 70%) GENERAL CONTRACTOR exam before Registration will be approved by the Board	Y
Miscellaneous Subcontractor: CARPENTRY */FRAMING*/HANDYMAN*	*
Miscellaneous Subcontractor: CANVAS AWNING INSTALLER	—
Miscellaneous Subcontractor: DRYWALL/PLASTER	—
Miscellaneous Subcontractor: FENCE	—
Miscellaneous Subcontractor: GARAGE DOOR INSTALLER	—
Miscellaneous Subcontractor: GLAZIER (WINDOW) INSTALLER	—
Miscellaneous Subcontractor: INSULATION INSTALLER	—
Miscellaneous Subcontractor: KITCHEN & BATH CABINET INSTALLER	—
Miscellaneous Subcontractor: LANDSCAPING	—
Miscellaneous Subcontractor: LAWN SPRINKLER INSTALLER	—
Miscellaneous Subcontractor: OUTDOOR SIGN / BILLBOARD ERECTOR	—
Miscellaneous Subcontractor: SECURITY SYSTEM INSTALLATION	—
Miscellaneous Subcontractor: SIDING	—
Miscellaneous Subcontractor: STRUCTURAL STEEL	—
Miscellaneous Subcontractor: SWIMMING POOL INSTALLER	—
Miscellaneous Subcontractor: WELDING	—
ELECTRICAL - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
FIRE PROTECTION - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
HVAC - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
PLUMBING/PIPE FITTING (Hydronics) - Residential, Commercial & Industrial	STATE LICENSE REQUIRED
REFRIGERATION - Residential, Commercial & Industrial	STATE LICENSE REQUIRED

(COV1444.05)

Updated 2020

GENERAL INFORMATION REGARDING EXAMINATIONS:

CODE BOOKS/REFERENCE MATERIALS ARE THE CONCRACTOR'S OWN RESPONSIBILITY. RECOMMENEDED STUDY GUIDES INCLUDE CURRENT EDITIONS OF:

☐ RESIDENTIAL CODE OF OHIO

☐ CODIFIED ORDINANCE OF VERMILION, CHAPTER 12 & 14

☐ OHIO BUILDING CODE

◆ EXAMINATION REQUIRED WHEN A CURENT REGISTRATION FROM ANOTHER COMMUNITY CANNOT BE PROVIDED.

- NO TEST AVAILABLE FOR CATEGORY, THEREFORE, AT BOARD'S DISCRETION, ISSUANCE OF REGISTRATION MAY BE APPROVED SUBJECT TO INSPECTION(S) OF INITIAL AND/OR SUBSEQUENT JOB(S) TO THE SATISFACTION OF CITY OFFICIAL (BUILDING INSPECTOR).

APPLICATION FOR CONTRACTOR'S REGISTRATION

CITY OF VERMILION --- BUILDING DEPARTMENT

5511 LIBERTY AVENUE, VERMILION, OHIO 44089

PHONE: 440-204-2410 FAX: 440-204-2411

REGISTRATION EXPIRES DECEMBER 31 OF EACH YEAR

TYPE OF REGISTRATION: _____

COMPANY OWNER'S NAME: _____

DOING BUSINESS AS: _____

ADDRESS: _____

STREET

CITY

ZIP

PHONE NUMBER: _____ FAX NUMBER: _____

EMAIL ADDRESS: _____ CELL NUMBER: _____

YEARS EXPERIENCE IN TRADE: _____ YEARS IN BUSINESS: _____

DO YOU HOLD REGISTRATION(S) IN OTHER MUNICIPALITIES? **Y N**

IF YES, PLEASE ATTACH COPIES.

DO YOU HOLD A STATE LICENSE? **Y N**

IF YES, PLEASE ATTACH COPIES.

PROJECT STATUS: NOT STARTED _____ IN PROGRESS _____ COMPLETED _____

ADDRESS OF PROJECT: _____

SIGNATURE OF APPLICANT: _____ DATE: _____

OFFICE USE ONLY

Empty box for Office Use Only.

Empty box for Office Use Only.

CITY OF VERMILION
BUILDING DEPARTMENT
5511 LIBERTY AVENUE

APPLICATION _____
CERTIFICATE OF INSURANCE _____
WORKER'S COMPENSATION _____

VERMILION, OHIO 44089
440-204-2410 (PHONE)
440-204-2411 (FAX)
bridgettriana@vermilion.net

RITA FORM _____
OTHER CITY REGISTRATION _____

STATE LICENSE # _____ EXPIRES _____

Any Contractor who cannot provide a current valid WORKERS COMP CERTIFICATE from the State of Ohio, MUST COMPLETE(Notarized) & RETURN THIS FORM TO THE BUILDING DEPARTMENT!

WORKERS' COMPENSATION AFFIDAVIT

I, _____, whose tax mailing address is _____
(Print Contractor Name)

_____, _____, _____
(Street Address) (City) (State) (Zip Code)

and doing business as _____ located at _____
(Print Business Name)

_____, am not required to hold
(Print Business Address, if different from above)

a Certificate of Workers Compensation Insurance because _____

(Identify Valid Reason for Exemption)

(Date)

(Signature)

In the State of Ohio)
) ss:
In the County of _____)

Before me, a Notary Public in and for said County and State, personally appeared

_____, known to me
to be doing business as _____, and
acknowledged that he/she did sign the foregoing instrument on behalf of said business, duly
authorized, and that the same is his/her free act and deed and the free act and deed of said business.

IN TESTIMONY WHEREOF, I have hereunto set my hand and official seal, at _____

Ohio this _____ day of _____, _____

NOTARY PUBLIC



www.ritaohio.com

BUSINESS REGISTRATION FORM 48

MUNICIPALITY _____

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: _____

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900 BROADVIEW HEIGHTS, OHIO 44147-7900

CLEVELAND LOCAL: (440) 526-0900
TOLL FREE: (800) 880-RITA (7482)

COLUMBUS TOLL FREE: (888) 721-RITA (7482)
TDD: (440) 526-5332

YOUNGSTOWN TOLL FREE: (888) 750-RITA (7482)
FAX: (440) 526-3136