



CITY OF VERMILION BUILDING DEPARTMENT

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

TO : ALL GENERAL, SPECIALTY and SUBCONTRACTORS
REF: 2022 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! **Do NOT send a return envelope, Registration will be *emailed*.**
 - 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. No Cash

TYPE	FEE	DISCOUNT*	*RENEWALS between November 15, 2021 - January 15, 2022 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:

Bridget Triana
ADMINISTRATIVE CLERK

440-204-2410

bridgettriana@vermilion.net

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. RECOMMENEED 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 REGIISTRATION MAY BE APPROVED SUBJECT TO INPECTION(S) OF INITIAL AND/OR SUBSEQUENT JOB(S) TP THE SATISFACTION OF CITY OFFICIAL (BUILDING INSPECOR).

APPLICATION FOR CONTRACTOR'S REGISTRATION

CITY OF VERMILION --- BUILDING DEPARTMENT

5511 LIBERTY AVENUE, VERMILION, OHIO 44089

PHONE: 440-204-2410

REGISTRATION EXPIRES DECEMBER 31 OF EACH YEAR

TYPE OF REGISTRATION: _____

COMPANY OWNER'S NAME: _____

DOING BUSINESS AS: _____

ADDRESS: _____
STREET CITY ZIP

EMAIL ADDRESS: _____

PHONE NUMBER: _____ 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

EXAM FEE: \$25.00 _____ CHECK# _____
EXAM RESULTS:
PASSING SCORE: _____% FAILED: _____

APPROVED BY: _____

REGISTRATION: NEW _____ RENEWAL _____

REGISTRATION FEE: \$ _____

CC CHECK # _____

CLERK INITIALS: _____

CITY OF VERMILION
BUILDING DEPARTMENT
5511 LIBERTY AVENUE
VERMILION, OHIO 44089
440-204-2410 (PHONE)

bridgettriana@vermilion.net

APPLICATION _____
CERTIFICATE OF INSURANCE _____
WORKER'S COMPENSATION _____
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)
In the County of _____) SS:

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



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: _____