

CITY OF SALEM

Contractor/Subcontractor/1099 Employee Registration Form

Codified Ordinances Chapter 181 & 1145

YOU MUST COMPLETE THE 5 STEPS BELOW TO APPLY OR RENEW THE ANNUAL CONTRACTOR REGISTRATION. TO RENEW, RENEWALS & NEW APPLICANTS MUST SUBMIT AN INSURANCE CERTIFICATE AND WORKERS COMP. CERTIFICATE.

YEAR FILING

1

PRINT ALL INFORMATION

IF YOU HAVE A STATE OF OHIO CONTRACTOR LICENSE
ENTER THE LICENSE NUMBER HERE: _____

Date: _____

TYPE OF CONTRACTOR: (General/Plumbing/Electrical, etc.) _____

List the location where you are working: _____

E-mail ADDRESS: _____

Business Owner's NAME: _____

Doing Business As (Business Name): _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

2

COMPLETE THE ENCLOSED RITA TAX FORM (Form 48).

3

COMPREHENSIVE GENERAL LIABILITY INSURANCE:

MINIMUM REQUIRED: \$500,000.00 (FIVE HUNDRED THOUSAND DOLLARS) EACH OCCURRENCE COMBINED SINGLE LIMIT FOR BODILY INJURY AND PROPERTY DAMAGE LIABILITY.....MUST BE CURRENT FOR THE ENTIRE PERIOD OF THIS REGISTRATION.....YOU MUST ATTACH A COPY OF YOUR CERTIFICATE WITH THE CITY OF SALEM LISTED AS A CERTIFICATE HOLDER.

YOUR INSURANCE AGENCY: _____ PHONE: _____

4

DO YOU PARTICIPATE IN THE OHIO WORKER'S COMPENSATION PROGRAM: YES NO

IF YES, YOU MUST ATTACH A COPY OF YOUR CURRENT CERTIFICATE.

5

FEES:
\$50.00 New & Renewals

MAKE CHECK PAYABLE TO:
CITY OF SALEM

if mailing:
mail this form & RITA Tax Form &
Ins. Cert & Comp Cert.. & check to:

CONTRACTOR REGISTRATION
City of Salem Zoning Office
231 S. Broadway Ave.
Salem, OH 44460

\$150.00 Working without being registered

Signature _____ Print Name _____

NEW

RENEWAL

FOR OFFICE USE ONLY

CHECK NUMBER

WA

SUBS

1099

NOTES:

CR

#



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

Municipality _____

Business Type

Reason for Registration

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

- Courtesy withholding for an employee's resident municipality
- Doing business within the municipality this year (temporary)
Approx. # of days _____ Start Date _____
- Business with a fixed location
Date business began at this location _____

Company Information (List physical address of work performed within this municipality)

Name: _____ Federal ID #: _____
 Address: _____ SSN : _____
(required if sole proprietor)
 City/State/Zip: _____
 Mailing Address (for withholding tax forms / if different from above) _____
 Mailing Address (for net profit tax forms / if different from above) _____

***Please note that your Federal Identification Number will serve as your RITA account number.**

Filing Status:

- Calendar year
- Fiscal year / month ending _____

Do you have any employees? Yes No

Number of employees at RITA location _____

My withholding is filed under a 3rd party account (PEO or common paymaster) Yes No
If yes, list Federal ID # _____

Monthly gross payroll at RITA location \$ _____

I am a small employer (under \$500,000 in gross revenue during previous year) Yes No

Contractors

I am a contractor Yes No
 Will you be using sub-contractors? Yes No
 If yes, complete page 2.
 Total contract amount of the project \$ _____

The Information Hereby Submitted is True and Correct.

Print Name _____ Title _____ Phone Number _____ / ____ / ____
 Signature _____ Date _____

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address	_____	\$ _____
	Contact Name	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$ _____
	Contact Name	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$ _____
	Contact Name	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$ _____
	Contact Name	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$ _____
	Contact Name	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$ _____
	Contact Name	Contract Amount
	_____	_____
	Phone Number	Estimated Start Date
	_____	_____
	EIN or Social Security #	Trade

*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.