



Grove City Building Division  
 4035 Broadway  
 Grove City, OH 43123  
 614-277-3075 (Phone)  
 614-277-3090 (Fax)  
 GroveCityOhio.gov

# CONTRACTOR REGISTRATION APPLICATION

\$100 Per Registration Type. Check each box that applies.

**ALL REGISTRATIONS (with the exception of General Contractor) MUST PROVIDE ONE OF THE FOLLOWING:**

- Columbus License     State of Ohio License     Passing score on Grove City-Approved Test

**REGISTRATION TYPE**     New Registration     Renewal

- General Contractor  
*General contractors can pull only the following permits:  
 RESIDENTIAL – new houses • COMMERCIAL – new buildings, remodels*

- Concrete Forming and Placing & Finishing  
 General Sign Contractor  
 Medical Gas  
 Swimming Pool  
 Sewer Contractor  
 Demolition  
 Water Tapper

*No registration fee, insurance or bond is required for water tapper but a current City of Columbus license and RITA tax form is required.*

**HOME IMPROVEMENT AND LIMITED CONTRACTOR REGISTRATION**

- Home Improvement General Contractor

**RESIDENTIAL:**

- Roofing  
 Siding, Windows and Doors  
 Wood Deck Installation  
 Basement Waterproofing  
 Masonry Fireplaces  
 Sidewalks and Driveway Approaches  
 Fencing

**OHIO CONSTRUCTION INDUSTRY LICENSING BOARD (OCILB) REGISTRATION**

*Must include a copy of your current State of Ohio License, along with all other documentation listed below.*

- Electric     HVAC     Plumbing     Hydronics     Refrigeration

**FIRE REGISTRATION**

*Must include a copy of your current State of Ohio License, along with all other documentation listed below.*

- Automatic Sprinkler & Standpipe Systems     Fire Service Mains     Fire Pumps  
 Engineered Extinguishing Equipment (OTW)     Household Fire Warning Equipment Only  
 Fire Alarm & Detection Equipment     Pre-Engineered Extinguishing Equipment (OTW)

**THIS REGISTRATION IS REVOCABLE OR MAY BE SUSPENDED IF THE TERMS AND CONDITIONS UNDER WHICH IT IS GRANTED ARE VIOLATED.**

IT IS THE RESPONSIBILITY OF THE CONTRACTOR TO ENSURE LIABILITY INSURANCE, BOND AND STATE LICENSE(S) ARE UPDATED AND REMAIN VALID TO PREVENT DELAYS IN PROCESSING PERMITS AND INSPECTIONS. WORK SHALL NOT BE STARTED WITHOUT AN APPROVED PERMIT.

**SUBMITTAL REQUIREMENTS**

*NOTE: Insurance, state and city license documentation must be provided before any registration is processed. No copies will be retained from previous years.*

**CERTIFICATE OF INSURANCE** (\$300,000 min. liability)

Certificate holder must be Grove City

Insurance Company: \_\_\_\_\_  
 Representative: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Expiration: \_\_\_\_\_

**\$15,000 Bond** (Signed & Sealed)

*Continuation certificates accepted if original bond is on file with Grove City Building Division.*

Bond Company: \_\_\_\_\_  
 Representative: \_\_\_\_\_  
 Surety Bond Amount: \$15,000 required  
 Expiration: \_\_\_\_\_ Bond No.: \_\_\_\_\_

**STATE LICENSE** (for OCILB and Fire Contractors)

License No: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 License Type: \_\_\_\_\_

**CITY OF COLUMBUS LICENSE**

(OCILB and Fire Contractors are exempt)

License No: \_\_\_\_\_ Expiration: \_\_\_\_\_  
 License Type: \_\_\_\_\_

- Test score (if required) from Grove City-approved testing facility: \_\_\_\_\_
- RITA Form 48 (City Tax) - See attached form

**FEES**

**\$100 Per Registration Type.**

Quantity of Registrations \_\_\_\_\_  
 Multiplied by **\$100**

**Total Fees Due \$ \_\_\_\_\_**

**OFFICE USE**

Receipt No. \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 Date Entered \_\_\_\_\_  
 Approved \_\_\_\_\_ Date \_\_\_\_\_

**CONTRACTOR INFORMATION**

Company \_\_\_\_\_ License Holder \_\_\_\_\_  
 Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_  
 Fax \_\_\_\_\_ Federal I.D. \_\_\_\_\_ Social Security Number \_\_\_\_\_

Business Name \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Registration No. \_\_\_\_\_



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# ACKNOWLEDGEMENT OF CONTRACTOR REGISTRATION MINIMUM REQUIREMENTS

## CONTRACTOR INFORMATION

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

### RESIDENCE

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

### BUSINESS

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Dates of any previous registrations with Grove City Building Division \_\_\_\_\_

Is the applicant 18 years of age or older?  Yes  No

Is the applicant a United States citizen?  Yes  No

Has the applicant been convicted of a felony?  Yes  No If yes, explain \_\_\_\_\_

Does the applicant have a record of code violations?  Yes  No If yes, explain \_\_\_\_\_

Has the applicant been sanctioned by any body for dishonest practice or malpractice?  Yes  No If yes, explain \_\_\_\_\_

## EXPERIENCE/EDUCATION/TESTING

All first-time registrations that don't include a state and/or Columbus license must include records of all available testing results as well as a statement of experience that includes all of the following items:

- List of employment or projects with dates of same
- Detailed work-related information about the employment or projects listed
- Length of time devoted to each such employment or project listed
- Name of the employer or other responsible person with direct knowledge of the quality of the work performed by the applicant
- Statement about the applicant's character by each such employer or responsible project manager
- Statement by the applicant of all schooling and training obtained by the applicant

*Falsification of a public document is a violation of the Ohio Revised Code, section 2921.13(a)(3), a misdemeanor of the first degree, punishable by up to six months imprisonment and a fine of one thousand dollars (\$1,000.00) or both.*

## NOTARIZED SIGNATURE

I, \_\_\_\_\_ attest that I meet the minimum experience requirements for contractor registration in the City of Grove City and that the information contained within this application and all attached documents is true and complete.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

Sworn to before me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_

NOTARY SEAL HERE



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# ACKNOWLEDGEMENT OF CONTRACTOR REGISTRATION MINIMUM REQUIREMENTS

## MINIMUM EXPERIENCE REQUIREMENTS BY CONTRACTOR TYPE

### HOME IMPROVEMENT GENERAL CONTRACTOR

Applicant shall have a minimum of three full years experience in the home improvement field.

### HOME IMPROVEMENT LIMITED CONTRACTOR

Applicant shall have a minimum of one full year of experience in the field for which the applicant is registering:

- Residential roofing
- Residential siding, windows and doors
- Residential wood deck installation
- Residential basement waterproofing
- Residential masonry fireplaces
- Residential fencing
- Residential sidewalks and driveway approaches
- Residential pools and spas

### SEWER CONTRACTOR

The minimum experience required for an applicant shall be evidenced in writing and shall have been obtained in any of the following ways:

- Two consecutive full years of experience under the supervision of a City or other recognized jurisdiction's registered sewer contractor
- Three cumulative, nonconsecutive, full years of experience under the supervision of a City or other recognized jurisdiction's registered sewer contractor
- A current, valid registration as a sewer contractor in another recognized city, county or state
- Two full years of experience working on sewer systems

### DETERMINATION OF A FULL YEAR

A "full year" of experience, as required above, shall be based on 12 consecutive calendar months during which the applicant shall have been gainfully and verifiably employed for not less than 1,600 working hours at the specific craft, trade or profession for which an application for a Grove City Building Division-issued registration has been made.

### GENERAL SIGN CONTRACTOR

The minimum experience required for an applicant shall be evidenced in writing and shall have been obtained in any of the following ways:

- Two consecutive, full years of experience under the supervision of a City or other recognized jurisdiction's registered general sign contractor
- Three cumulative, nonconsecutive, full years of experience under the supervision of a City or other recognized jurisdiction's registered general sign contractor
- A current, valid registration as a general sign contractor in another recognized city, county or state
- Two full years of experience working on sign systems



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# CONTRACTOR REGISTRATION BOND FORM

Bond No. \_\_\_\_\_ Date \_\_\_\_\_ Amount **\$15,000**

**KNOW ALL MEN BY THESE PRESENTS:**

That (Licensee/Certificate Holder) \_\_\_\_\_

of (Company Name) \_\_\_\_\_

as Principal and (Bond Company) \_\_\_\_\_

as Surety, are held firmly bound unto the City of Grove City, Grove City c/o City Treasurer for the General Fund, City of Grove City, 4035 Broadway Grove City, OH 43123, as Obligee, in the sum of Fifteen Thousand and no/100th Dollars (\$15,000.00) to be paid to said Obligee City, its successors and assigns, and for the payment thereof well and truly to be made, we, Principal and Surety, jointly and severally bind ourselves, our heirs, executors, administrators, successors, and assigns firmly by these presents. The conditions of the above obligation are such that:

**WHEREAS**, the above principal has or is about to apply to said Obligee for a license/registration as a, **(all registration types must be listed)**

\_\_\_\_\_ Contractor

for the term commencing this date and ending (MO/DAY/YR) \_\_\_\_\_, pursuant to GROVE CITY CODIFIED ORDINANCES, Chapter 1377.06, 1377.04 & 1375.06, May 16, 2002 as applicable.

**WHEREAS**, Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property which may be occasioned in any way, by accident or the want of care or skill on applicant's part, in the prosecution of the work contracted, performed, pursued or attempted under such license/registration.

**NOW THEREFORE**, if the license/registration shall be issued to Principal, his agents and employees shall save the City harmless from all loss and damage to persons or property of the City and aforesaid, then this obligation shall be void; otherwise, the same shall remain in full force and effect.

**IT IS FURTHER AGREED AND UNDERSTOOD** that the Surety Company reserves the right to cancel this bond by giving 30 days written notice to Obligee c/o Administrator for The Building Division, Grove City, OH 43123, upon receipt of such cancellation notice, Surety Company is relieved of any further liability. The Surety Company will be liable for loss accruing up to the effective date of said cancellation notice, but in no event to exceed said \$15,000.00

Signed this \_\_\_\_\_ day of \_\_\_\_\_, in the year \_\_\_\_\_

Licensee/Certificate Holder \_\_\_\_\_ By \_\_\_\_\_  
*Print or Type Name* *Must be signed (Signature)*

Surety \_\_\_\_\_ By (Attorney-in-fact) \_\_\_\_\_  
*Print or Type Name* *Signature*

SEAL

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-RE-CI-OE B-C S							
COZI-RE-CI-OE B-C S							
COZI-RE-CI-OE B-C S							
COZI-RE-CI-OE B-C S							
COZI-RE-CI-OE B-C S							
COZI-RE-CI-OE B-C S							
COZI-RE-CI-OE B-C S							

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