



Village of Madison

33 E. Main St.
Madison, OH 44057
440-428-7526

Contractor Registration

required per Ordinance 32-2007

Company Name: _____

Address: _____

Telephone: _____ Fax: _____

Email: _____

Contact Name: _____

Check Type of Registration (select all that apply): _____ Federal ID or SSN# _____

<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	Roofing Installer	<input type="checkbox"/>	Fire Suppression/Sprinkler
<input type="checkbox"/>	HVAC *	<input type="checkbox"/>	Cement/Asphalt/Paving	<input type="checkbox"/>	Sign Erector
<input type="checkbox"/>	Fire Alarm *	<input type="checkbox"/>	Pool Installer	<input type="checkbox"/>	Masonry/Brick
<input type="checkbox"/>	Electrical *	<input type="checkbox"/>	Sewer Installer	<input type="checkbox"/>	Fence Installer
<input type="checkbox"/>	Drywall/Lathing/Plaster	<input type="checkbox"/>	Framing/Carpentry	<input type="checkbox"/>	Demolition/Movers
<input type="checkbox"/>	Hydronic*	<input type="checkbox"/>	Plumbing *	<input type="checkbox"/>	
<input type="checkbox"/>	Excavation/Grading	<input type="checkbox"/>	Window/Door/Glazing	<input type="checkbox"/>	

* Requires a copy of your Valid/Current State License. Please include when returning documents.

Project Description at time of Application: _____

Estimated Project Dates - Start Date _____ Completion Date: _____

Note: Contractor Registrations are valid for one (1) calendar year and shall expire on December 31st.

There is no fee associated with Contractor Registration at this time.

I agree to have all subcontractors hired under my registration to also register with the Village of Madison. I agree to the conditions of this registration and to comply with Ordinances of the Village of Madison and the laws of the State of Ohio, relating to work to be done thereunder, and said agreement is a condition of this registration.

I understand that registration submittal requirements are as follows:

- _____ Completed Application
- _____ Certificate of Insurance, naming the Village of Madison as additional insured
- _____ Completed RITA Tax Form 48 (Business Registration)
- _____ Copy of State License(s) if applicable
- _____ Copy of valid/current Workers Compensation certificate from Ohio BWC

X _____ Date _____
Signature of Applicant

Printed Name: _____

Please remember to have all of your sub-contractors register also

**FORM
48**

Regional Income Tax Agency
Business Registration Form



800.860.7482
TDD 440.526.5332
ritaohio.com



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

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

Reason for Registration

- 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
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Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
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*If more space is needed, you may attach a separate schedule that includes ALL of the required information listed above.		

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