

The Village of North Randall

21937 Miles Road, North Randall Ohio 44128
Phone: (216) 662-0430 Fax: (216) 587-9280

Building Commissioner
Charles Horvath
(216) 587-9281

Mayor
David Smith



PROCEDURE FOR CONTRACTOR AND SUBCONTRACTOR REGISTRATION

CONTRACTORS and SUBCONTRACTORS are required to be registered with the Village of North Randall prior to performing construction work in the village.

The following is required for registration:

1. Completed Contractor Registration Application (attached)
2. Completed Withholding and Business Registration Muni Income Tax Form (attached)
3. Certificate of Insurance naming The Village of North Randall as additional insured
4. \$5,000.00 License/Permit Bond (The village will accept insurance company bond forms)
5. Copy of Worker's Compensation Certificate
6. A Copy of a State of Ohio License and/or Certification is required by **ALL contractors**, including but not limited to, Electrical, Plumbing, HVAC, Fire Protection, Asbestos and LEAD Abatement.
7. Registration fee of \$50.00

Contractor registration for the Village of North Randall is valid for a calendar year from January 1st or any date thereafter during the current year, expiring December 31st of that same year. Contractors are required to "re-register" annually.

Please direct questions regarding registration to horvathc@northrandall.org or call (216) 587-9281.

The Village of North Randall

21937 Miles Road, North Randall Ohio 44128

Phone: (216) 662-0430 Fax: (216) 587-9280



CONTRACTOR REGISTRATION APPLICATION

APPLICATION DATE _____ RENEWAL _____ NEW _____

COMPANY NAME _____

CONTRACTOR TRADE(S) _____

CHIEF EXECUTIVE OFFICER _____ TITLE _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE _____ FAX _____

FIELD SUPERVISOR _____

MOBILE PHONE _____ PAGER _____

EMAIL _____

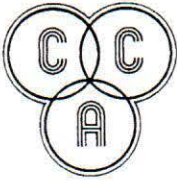
YEARS IN BUSINESS _____ YEARS IN TRADE _____

Have you ever had a license suspended or revoked? _____ (if yes, explain below)

No registration will be approved without the inclusion of all required forms (see contractor registration letter).

By signing below you are certifying that you have received and acknowledge the terms and conditions of the Village of North Randall, for doing business in the village. Your signature is further acknowledgement that any misrepresentation, by you, on behalf of the company listed, of statement or fact, may be cause for revocation of this Contractor Registration.

APPLICANT'S SIGNATURE _____



WITHHOLDING AND BUSINESS REGISTRATION

CCA – MUNICIPAL INCOME TAX

205 W Saint Clair Ave
Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317 Fax: 216-420-8316
www.ccatax.ci.cleveland.oh.us

DATE BUSINESS STARTED IN CCA PHONE NO.

FEDERAL IDENTIFICATION NUMBER

NAME OR CORPORATE NAME

BUSINESS OR TRADE NAME

BUSINESS ADDRESS IN TAXING COMMUNITY

MAILING ADDRESS

ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED

CHECK BUSINESS TYPE

SOLE PROPRIETOR** CORPORATION
PARTNERSHIP LIMITED LIABILITY CO
S-CORPORATION NON-PROFIT CORP
ESTATE OR TRUST GOVERNMENTAL
FINANCIAL ORG. UNION
OTHER (Detail)

**IF SOLE PROPRIETOR YOU MUST ALSO COMPLETE INDIVIDUAL REGISTRATION FORM
It is your responsibility to advise this office of any changes in your status

Will you be withholding employment taxes? Yes No

For what CCA city(s)

\$200 or more per month? Yes No

Number of employees in CCA? First payroll date in CCA

Will you be withholding residence taxes? Yes No

Type of business (Mfg., Commercial, etc.)

Fiscal Period ending month

Name of person responsible for filing forms:

Name Title Phone No.

Signature Date