



FOR OFFICE USE ONLY

LICENSE # 21 - _____

T.O.C. _____

INS. EXP. _____

City of Aurora, Ohio - Planning, Zoning and Building Division

129 W. Pioneer Trail, Aurora, OH 44202 330.562.9564 Fax: 330.562.9719 www.auroraoh.com

APPLICATION FOR CONTRACTOR REGISTRATION

BUSINESS ADDRESS:

NAME _____ CONTACT PERSON: _____

ADDRESS _____
STREET CITY STATE ZIP CODE

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS: _____

In order to be a registered contractor with the City of Aurora, we must receive **all** of the items listed below:

1. Completed Application;
2. **\$100.00** Registration Fee (Please make checks payable to City of Aurora);
3. An **original \$10,000 Performance Bond**, which must contain a seal and the principal's signature (must use City of Aurora bond form);
4. A Certificate of Insurance designating the City of Aurora as **Additional Insured**;
5. All Mechanical Contractors (plumbing, electrical, HVAC) must provide a copy of State of Ohio Certification;
6. Completed Regional Income Tax Agency (R.I.T.A.) Form.

Please mail these forms and the **original bond** with a self-addressed stamped envelope to:

**Aurora Planning, Zoning & Building Division
129 W. Pioneer Trail
Aurora, OH 44202**

I UNDERSTAND THAT I AM RESPONSIBLE TO CALL IN FOR APPROPRIATE INSPECTIONS X _____
INITIAL



City of Aurora, Ohio – Planning, Zoning and Building Division

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CONTRACTOR'S PERFORMANCE BOND

BOND NO. _____

KNOW ALL MEN BY THESE PRESENT, that we, the undersigned _____ as Principal, and _____ as Surety, are hereby held and firmly bound unto the City of Aurora, State of Ohio, in the **surety bond sum of ten thousand dollars (\$10,000.00)** for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, our heirs, executors, administrators, successors and assign, by these present.

The conditions of this obligation are such that, whereas the above-named principal did, on the _____ day of _____, **year of 20** _____, make application to be licensed for Registration as a _____ contractor in the City of Aurora and pursuant to Ordinance No. 2005-175 which is made part of this Bond by reference.

NOW, if the said Principal shall receive from the Building Department a License of Certificate of Registration as a _____ contractor, entitling him to engage in the work of, or act as a _____ contractor within the corporate limits of the City of Aurora for the current calendar year, as stated in said license application, and shall fully and faithfully comply with all the resolutions and regulations of the City of Aurora as are now enacted and which may hereafter be enacted in relation to doing said work. Also, where any opening is made or material placed in any street or highway, Principal will remove any material remaining and replace and restore, or cause to be replaced and restored, the street or highway and the pavement over such opening to as good a state and condition as found previous to the opening of the same, and perform any other work to a building or structure needed to be done to leave the area clean and free of any violations. Otherwise Principal shall pay said City for having same replaced and restored to such a condition, prior to said work, then this obligation shall be null and void; otherwise it shall remain in full force and virtue of law, it being expressly understood that the liability of the Surety for any and all claims hereunder shall in no event exceed the surety bond amount of this obligation as herein stated.

Provided that any forbearance on the part of the City of Aurora's respect to the neglect or failure of said Principal to comply with any of the ordinances, resolutions and regulations of the City of Aurora respecting said _____ work, shall not in any manner operate to release or discharge the Surety from its liability under this bond.

Upon default regarding the improvements for which the bond was issued, Aurora may submit to the Surety a statement of the amount payable to the contractor who has completed the work accompanied with said contractor's invoice. Upon such submittal, Surety shall disperse said amount to the contractor. In the alternative the City may certify, with an accompanying cost estimate, the cost of completion of said improvements and the Surety shall disperse that amount to the City.

Witness of signatures this _____ day of _____, 20 _____.

Principal or Agent (see NOTE below)

Signature of Surety or Agent (see NOTE below)

NOTE: ATTACH POWER OF ATTORNEY

If this Bond is executed by any agent for a Principal or a Surety, such Agent must affix a copy of his Power of Attorney or other evidence of authority to execute the Bond. If the Surety is a non-resident corporation of the State of Ohio, its authority to do business in Ohio must, likewise, be attached hereto.

This bond will be in effect until December 31, 2021.

FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) _____

FLING 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: _____
 ADDRESS OF CONSTRUCTION SITE: _____

BUILDING PERMIT #: _____
 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
BCS BO-10-1-OR						
BCS BO-10-1-OR						
BCS BO-10-1-OR						
BCS BO-10-1-OR						
BCS BO-10-1-OR						
BCS BO-10-1-OR						
BCS BO-10-1-OR						
BCS BO-10-1-OR						

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) **TDD: (440) 526-5332**
COLUMBUS TOLL FREE: (866) 721-RITA (7482) **FAX: (440) 526-3136**
YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)