



CITY OF EAST CLEVELAND

PURCHASING DIVISION

VENDOR APPLICATION

I. COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

CONTACT PERSON _____

EMAIL ADDRESS _____

MAIN OFFICE ADDRESS (IF DIFFERENT FROM ABOVE)

ADDRESS _____

CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____

HOW LONG IN BUSINESS? _____

DOES THE COMPANY MAINTAIN A BUSINESS OFFICE IN EAST CLEVELAND?

☐ YES

☐ NO

II. IS THE COMPANY (CHECK ONE)

☐ SOLE PROPRIETORSHIP - Social Security # _____ - _____ - _____

☐ PARTNERSHIP - Federal ID # _____ - _____

☐ CORPORATION - Federal ID # _____ - _____

IS THE COMPANY A SUBSIDIARY OF ANOTHER BUSINESS OR CORPORATE ENTITY?

☐ YES

☐ NO

IF YES, PLEASE PROVIDE THE PARENT COMPANIES NAME, MAIN OFFICE ADDRESS, TELEPHONE NUMBER AND FEDERAL ID NUMBER.

COMPANY NAME	
ADDRESS	
TELEPHONE #	
FEDERAL ID #	

IS THE COMPANY AND/PARENT COMPANIES A MINORITY-OWNED BUSINESS? (FOR THE PURPOSE OF THIS APPLICATION, A MINORITY-OWED BUSINESS SHALL BE DEFINED AS A BUSINESS IN, WHICH MINORITY GROUP PERSON CONTROLS NOT LESS THAN 51% OF THE COMPANY'S STOCK OR ASSETS).

☐

YES

☐

NO

LIST BY NAME, TITLE AND ADDRESS, THE COMPANIES PRINCIPAL OWNERS:

NAME	TITLE	ADDRESS

III. BRIEFLY DESCRIBE THE KINDS OF GOODS AND/OR SERVICES THE COMPANY IS INTERESTED IN PROVIDING IN THE FUTURE TO THE CITY OF EAST CLEVELAND?

HAS YOUR COMPANY DONE BUSINESS WITH THE CITY OF EAST CLEVELAND?

☐

YES

☐

NO

IF YES, BRIEFLY DESCRIBE THE GOODS AND/OR SERVICES THE COMPANY HAS PROVIDED TO THE CITY OF EAST CLEVELAND.

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the
requester. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ C Corporation

☐ S Corporation

☐ Partnership

☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ►

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ►

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

				-					
--	--	--	--	---	--	--	--	--	--

or

Employer identification number

--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

II	Use Group
I1	<16 care
I4	Daycares
R1	Hotel
R2	Apt building
R3	Residence
R4	Resid care
U	Utility
	Other

CITY OF EAST CLEVELAND
14340 Euclid Avenue, Room 8
East Cleveland, Ohio 44112
O 216-681-2405 F 216-681-2196
Hours M-W-F 8:30AM to 11:30AM
1:30PM-4:30PM
T-TH 8:30AM-2:00PM

Permit Application for
Residential
Miscellaneous
General

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS on this page

I. PROJECT ADDRESS

FLOOR _____ SUITE _____ AKA _____

II. A. NATURE OF JOB

II	Construction	Type
1A	Noncombustible rated	Concrete rated
1B	Noncombustible	Concrete
2A	Noncombustible rated	Steel/masonry rated
2B	Noncombustible	Steel/masonry
3A	Masonry rated	Brick/wood rated
3B	Masonry	Brick/wood
4	Heavy timber	Heavy timber
5A	Combustible rated	Wood rated
5B	Combustible	Wood

II	Nature off Job
	New
	Alteration
	Addition
	Demolition
	Violations
	Other

III. Permit fee (general & specialties) from calculation page Total \$ _____

IV DESCRIPTION BY APPLICANT (Describe in Detail Proposed Work and Use of Property)

V IDENTIFICATION

	Name	Address, City State	Zip Code	Phone Email
Property Owner				
Lessee				
Contractor				
Engineer				
Architect				
Contact Person				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all laws of this jurisdiction

Signature of Applicant _____

Date _____

Contractors Registration Approved By _____

II	Use Group
I1	<16 care
I4	Daycares
R1	Hotel
R2	Apt building
R3	Residence
R4	Resid care
U	Utility
	Other

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1:30PM-4:30PM
T-TH 8:30AM-2:00PM

Permit Application for Residential Plumbing

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS on this page

I. PROJECT ADDRESS

FLOOR _____ SUITE _____ AKA _____

II. A. NATURE OF JOB

II	Construction	Type
1A	Noncombustible rated	Concrete rated
1B	Noncombustible	Concrete
2A	Noncombustible rated	Steel/masonry rated
2B	Noncombustible	Steel/masonry
3A	Masonry rated	Brick/wood rated
3B	Masonry	Brick/wood
4	Heavy timber	Heavy timber
5A	Combustible rated	Wood rated
5B	Combustible	Wood

II	Nature off Job
	New
	Alteration
	Addition
	Demolition
	Violations
	Other

III. Permit fee (general & specialties) from calculation page Total \$ _____

IV DESCRIPTION BY APPLICANT (Describe in Detail Proposed Work and Use of Property)

V IDENTIFICATION

	Name	Address, City State	Zip Code	Phone Email
Property Owner				
Lessee				
Contractor				
Engineer				
Architect				
Contact Person				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all laws of this jurisdiction

Signature of Applicant

Date

Contractors Registration Approved By

CITY OF EAST CLEVELAND
14340 Euclid Avenue, Room 8
East Cleveland, Ohio 44112
O 216-681-2415 F 216-681-2196
Hours M-W-F 8:30AM to 11:30AM
1:30PM-4:30PM
T-TH 8:30AM-2:00PM

Permit Application for Residential HVAC Mechanical

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS on this page

I. PROJECT ADDRESS

FLOOR _____ SUITE _____ AKA _____

II. A. NATURE OF JOB

II	Nature off Job
	New
	Alteration
	Addition
	Demolition
	Violations
	Other

III. Permit fee (general & specialties) from calculation page Total \$ _____

IV DESCRIPTION BY APPLICANT (Describe in Detail Proposed Work and Use of Property)

V IDENTIFICATION

	Name	Address, City State	Zip Code	Phone Email
Property Owner				
Lessee				
Contractor				
Engineer				
Architect				
Contact Person				

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all laws of this jurisdiction

Signature of Applicant

Date _____

Contractors Registration Approved By

08-2020 See next sheet for fee calculations

CITY OF EAST CLEVELAND
14340 Euclid Avenue, Room 8
East Cleveland, Ohio 44112
O 216-681-2415 F 216-681-2196
Hours M-W-F 8:30AM to 11:30AM
1:30PM-4:30PM
T-TH 8:30AM-2:00PM

IMPORTANT – APPLICANT TO COMPLETE ALL ITEMS IN SECTIONS I-V

FLOOR	SUITE	AKA
-------	-------	-----

	II	Construction	Type
	1A	Noncombustible rated	Concrete rated
	1B	Noncombustible	Concrete
	2A	Noncombustible rated	Steel/masonry rated
	2B	Noncombustible	Steel/masonry
	3A	Masonry rated	Brick/wood rated
	3B	Masonry	Brick/wood
	4	Heavy timber	Heavy timber
	5A	Combustible rated	Wood rated
	5B	Combustible	Wood

III. Permit fee (general & specialties) from calculation page Total \$ _____

V IDENTIFICATION

I hereby certify that the proposed work is authorized by the owner of record and that I have been authorized by the owner to make this application as his authorized agent and we agree to conform to all laws of this jurisdiction

08-2020 See next sheet for fee calculations

CONTRACTOR'S WARRANTY

Contractor Address _____

Contractor Phone _____

The contractor signatory below _____ ("Contractor") hereby guarantees _____ ("Owner") that the construction performed on that certain structure located at _____ East Cleveland, OH 44112 to be free from defects in material and workmanship for a period of one year from the date of commencement of use, substantial completion or date of notice of completion, whichever is the first to occur:

This Standard Limited Warranty applies and is limited as follows:

1. To the property only as long as it remains in the possession of the original owner named above.
2. To the construction work that has not been subject to accident, misuse or abuse.
3. To the construction work that has not been modified, altered, defaced, or had repairs made or attempted by others.
4. That contractor be immediately notified in writing within ten (10) days of first knowledge of defect by owner or his agent.
5. That contractor shall be given first opportunity to make any repairs, replacements or corrections to the defective construction at no cost to owner within a reasonable period of time.
6. Under no circumstances shall contractor be liable by virtue of this warranty or otherwise for damage to any person or property whatsoever for any special, indirect, secondary or consequential damages of any nature however arising out of the use or inability to use because of the construction defect.

Contractor Signature

Address Telephone Number

Owner Signature Date



The City of East Cleveland

Rebuilding East Cleveland Together

Mayor Brandon King

HOMEOWNER GRANT CHECK LIST

- ☐ **COMPLETED APPLICATION** (utility bills, proof of ownership, ID)
Date _____ Staff Initials _____
- ☐ **SIGNED CONTRACT** (homeowner, contractor, inspector, and mayor). Specifications / quote attached.
Date _____ Staff Initials _____
- ☐ **CONTRACTOR REGISTRATION** (verify)
Date _____ Staff Initials _____
- ☐ **CONTRACTOR VENDOR APPLICATION / W9** (verify)
Date _____ Staff Initials _____
- ☐ **PERMIT**
Date _____ Staff Initials _____
- ☐ **PERMIT CLOSEOUT (INSPECTOR)**
Date _____ Staff Initials _____
- ☐ **PHOTO'S** (before, during and after)
Date _____ Staff Initials _____
- ☐ **CONTRACTOR WARRANTY**
Date _____ Staff Initials _____
- ☐ **REQUISITION**
Date _____ Staff Initials _____
- ☐ **PURCHASE ORDER**
Date _____ Staff Initials _____

Staff Verification

Date



The City of East Cleveland

14340 EUCLID AVENUE • EAST CLEVELAND, OHIO 44112 • PHONE (216) 681-2208 • FAX (216) 681-2650

Brandon L. King
Mayor

AUTHORIZATION TO PERFORM SERVICES AND DIRECTION OF PAYMENT

This Contract is for use in connection with The HOME REPAIR & IMPROVEMENT RELIEF GRANT PROGRAM funded pursuant to the **Coronavirus State and Local Fiscal Recovery Funds**, 31 CFR 35, 2021-10283, Short Title, ARP, by the City of East Cleveland in the amount up to and including **\$3000.00**.

PROPERTY OWNER: You have been awarded up to **\$3,000** for home repair and improvement services from a City registered and/or approved Contractor. By signing this document, you authorize the **City of East Cleveland, Ohio** to pay the City registered/approved Contractor of your choice for those services.

Name _____

Address _____

Phone No. _____ Email _____

CONTRACTOR: Name _____

Address _____

Phone No. _____ Email _____

Owner hereby authorizes and directs the City to issue payment solely and directly to the Contractor services described as **THE PROJECT**. Owner agrees to cooperate with the City and the Contractor to ensure that Services are satisfactorily completed. Owner and Contractor both release the City and hold it harmless for any injury to person or property that may occur as a result of this Project.

Project: Please describe the Services the Contractor will provide for the Homeowner below. A **SCOPE OF WORK QUOTE** can be attached to this **AUTHORIZATION** if more space is required. (the Services):

The undersigned (above identified) hereby agrees that the Contractor will furnish or perform the above indicated Services for improvement of real property identified above as **The Project**. The Services will be furnished or performed beginning _____ not to exceed **\$3,000.00**. Should the Project exceed the **\$3,000.00** limit, the Home Owner will be responsible for any overage.

WARNING TO OWNER. THIS NOTICE IS REQUIRED BY THE OHIO MECHANICS' LIEN LAW.

HOME OWNER/Property Custodian

Date

CONTRACTOR/Authorized Agent

Date

HOUSING INSPECTOR (Contract Explain)

Date

CONTRACTOR/Authorized Agent (Print Name)

HOUSING INSPECTOR (Closeout Inspection)

Date

_____, MAYOR

East Cleveland Building Department
www.eastcleveland.org
14340 EUCLID AVENUE RM#6, EAST CLEVELAND, OH 44112
(216) 681-2415 * (216) 681-2196 (Fax)

CONTRACTOR REGISTRATION REQUIREMENTS
PERMIT HOURS MONDAY- WEDNESDAY- FRIDAY 8:30 A.M.-11:30 AM
REOPEN FROM 1:30 PM--- 3:30PM
CLOSED DAILY FROM 11:30 AM- 1:30 PM
TUESDAY -THURSDAY 8:30 AM - - 2:00 PM
CLOSED DAILY FROM 2:00 PM - 5:00 PM

APPLICATIONS: Contractor registration applications must be completed. Incomplete applications will be returned unapproved.

APPLICATION FEE: **\$ 150.00 PER CALENDAR YEAR PER TRADE:** NEW REGISTRATION
\$ 125.00 RENEWAL: SECOND CONSECUTIVE YEAR IN GOOD STANDING

The city will only accept the following methods of payment below:

- Money Order
- Cashier Check
- Official Bank Check
- Credit Cards (Master : Visa : Discover : American Express
 - Credit card payments will not be taken over the phone

TERMS OF REGISTRATION: All registration expires at the end of the calendar year

BOND: **\$25,000 ON CITY OF EAST CLEVELAND BOND FORM**

CERTIFICATE OF INSURANCE: A certificate of insurance showing the City of East Cleveland Building Department as certificate holder: amount \$ 100,000 per person, \$ 300,000 per occurrence for bodily injury, \$ 100,000 per occurrence for property damage

PLUMBING, HVAC & ELECTRICAL CONTRACTORS: A copy of your qualification certificate issued by Ohio Construction Industry Examining Board or a testing community must be attached

RITA: RITA tax form must be completed. Direct all questions: 1-800-860-7482

AUTHORIZED PERSONNEL: Only those names listed as authorized agents may obtain permits **NO EXCEPTION**

BUILDING CODES: All work must be performed according to the Building Codes of the City of East Cleveland and the State of Ohio.

PERMITS: Permits must be obtained and posted at job site before work begins. If a contractor begins work before obtaining a permit penalty fees will be assessed.

PERMIT HOURS: You may obtain your permits and/or register as a contractor Monday Wednesday Friday between the hours of 8:30 am - 11:30 am and 1:30 pm- 3:30pm. Tuesday Thursday 8:30am - 2:00pm

ALL PERMITS REQUIRE A TWENTY-FOUR (24) HOURS NOTICE FOR INSPECTION.
PLEASE CONTACT THE SCHEDULING SECRETARY (216) 681.2415

CONTRACTOR'S REGISTRATION APPLICATION

PAYMENT METHODS: CASHIER CHECKS: COMPANY CHECKS OR MONEY ORDER PAYABLE TO THE
CITY OF EAST CLEVELAND

☐ RENEWAL FEE \$125.00

☐ NEW REGISTRATION

FEE: \$ 150.00

Business Name:		
Business Address:		
Business Telephone:	Fax	Cell phone
Business Page:	Federal ID # or SS#:	
E-Mail:		

☐ Partnership

BUSINESS TYPE

☐ Corporation

☐ Sole Proprietorship

If Corporation, corporate charter number: _____

List requested information for owner, managing partner, president or statutory agent.

Name: _____

Home Address: _____

Home # _____ Pager: _____ Cell phone # _____

E-Mail _____

REGISTRATION TYPE

☐ Alarm
☐ Asphalt
☐ Asbestos Abatement
☐ Asbestos Testing
☐ Carpentry
☐ Carpentry Finish
☐ Communication Wiring
☐ Concrete
☐ Demolition
☐ Drywall
☐ Electrical
☐ Excavating
☐ Fence
☐ Fire Protection
☐ General Contractor Commercial
☐ General Contractor Residential
☐ General Contractor Remodeling
☐ Gutter

☐ HVAC
☐ House Movers
☐ Insulation
☐ Lead Abatement
☐ Lead Testing
☐ Plumbing
☐ Radon Testing
☐ Refrigeration
☐ Roofing Commercial
☐ Roofing Residential
☐ Sewer Builder/Cleaner/Reline/Renovator
☐ Siding
☐ Sign
☐ Sprinkler
☐ Structural Steel
☐ Waterproofing
☐ Others as Required by the Building Director

☐ Exterior Painter
☐ Landscapers
☐ Handyman

CITY OF EAST CLEVELAND
CONTRACTORS REGISTRATION BOND

BOND NO#: _____

KNOW ALL MEN BY THESE PRESENTS:

That we, _____
of _____, State of _____, as Principal _____,
and _____, a corporation duly licensed to do surety business
(Bonding Company)

in the State of Ohio, as Surety, are held and firmly bound unto the City of East Cleveland, and its citizenry (collectively, the "Obligee"), in the penal sum of not to exceed **TWENTY FIVE THOUSAND DOLLARS (\$ 25,000.00)** lawful money of the United States of which payment will truly to be made, we bind ourselves and our legal representatives firmly by these presents.

THE CONDITION OF THE ABOVE OBLIGATION IS that the principal has been registered as a contractor by the obligee.

NOW THEREFORE, if the Principal shall perform its work in the City of East Cleveland in a workmanlike manner and faithfully keep its contractual obligations to Obligee and in all things comply with the laws, rules and regulation of the City of East Cleveland, including all amendments there to, pertaining to the registration applied for, then this obligation shall be void; otherwise this obligation shall remain in full force and effect until cancelled by the surety as provided below or released by the Obligee.

This bond may be terminated at any time by the Surety upon sending written notice by First Class U.S. Mail to the Obligee and to the Principal at the addressed last known to the Surety, and at the expiration of thirty (30) days from the mailing of said notice, this bond shall terminate and the Surety shall be relieved from any liability for any acts or omissions of the Principal subsequent to that date. The Surety shall not be liable for more than the amount of this bond, regardless of the number of claims made against this bond or the number of years this bond remains in force.

Date this _____.

Date of expiration: _____.

Principal

Principal

Surety

[SEAL]

By: _____
Name & Title

APPLICATION MUST INCLUDE THE FOLLOWING SUPPORTING DOCUMENTS

1. Liability insurance in the amount of \$ 100,000 per persons, \$ 300,000 pr occurrence for bodily injury and \$ 100,000 per occurrence for property damage. The City of East Cleveland must be noted as additionally insured and certificate holder.
2. Contractors Bond in the amount of \$ 25,000 on the City of East Cleveland's Bond Form
3. **Copies of current state registration if you are registering as a plumber, electrician, sprinkler or HVAC contractor**
4. Copy of owner's driver's license

PLEASE INCLUDE A SELF ADDRESSED STAMPED ENVELOPE

REGISTRATION MUST BE FILLED OUT COMPLETELY AND INCLUDE THESE DOCUMENTS OR IT WILL NOT BE PROCESSED

References

Name	Address	Telephone
Name	Address	Telephone
Name	Address	Telephone

I acknowledge that this registration requires that my company abide by the laws of the City of East Cleveland and the State of Ohio including all adopted codes; furthermore, I swear that all the information submitted is true to the best of my knowledge.

Signature of Owner/Managing Partner/President/Statutory Agent

Print Name

The following _____ individuals are authorized to act as signatory agent on behalf of the company.

Signature	Print Name	Email	Phone
Signature	Print Name	Email	Phone
Signature	Print Name	Email	Phone
Signature	Print Name	Email	Phone

**FORM
48**

REGIONAL INCOME TAX AGENCY
Business Registration Form

GENERAL INFORMATION

City of:

Federal ID No: Soc. Sec. No. (only if a sole proprietor):

Please fill-in your filing status: ☐ Sole Proprietor ☐ Partnership ☐ Non-Profit ☐ Corporation

Local Name and Address as Used for Business Purposes:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If Corporate Subsidiary, Give Name and Address of Parent Company Main Office:

Business Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

If Sole Proprietorship, Give Owner's Name and Home Address:

Name:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

What date did you begin operations in RITA municipality (mm/dd/yy)?

Please List the Federal Business Activity Code or Fill-in the Oval that Best Describes the Activity:

Federal Business Activity Code:



FORM 48

Business Activity:

RITA

- ☐ Transportation ☐ Non-Manufacturing ☐ Manufacturing ☐ Wholesale ☐ Retail
☐ Finance ☐ Services ☐ Public Administration ☐ Non-Classification

EMPLOYEE INFORMATION

Do you have any employees? (Fill only one) ☐ Yes ☐ No Are sub-contractors utilized? (Fill only one) ☐ Yes ☐ No

If you have employees proceed with employee information. If you do not have employees, proceed to the profit/loss section.

Approx. No. of Employees: Approx. Monthly Gross Payroll: \$

Please contact our business regarding a voluntary residence withholding program. ☐ Yes ☐ No

Send Withholding Tax Form to:

Business Name:

Care of:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

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 (mm/dd/yy):

Send the Net Profit Tax Return to:

Business Name:

Care of:

Address #: Suite:

Street Name:

City:

State: Zip: - Phone: - -

The Information Hereby Submitted is True and Correct.

Signature: _____ Print Name: _____

Date: _____ Title: _____ Phone: - -



FORM 48 B