

**2026 Contractor Registration Application:**

Company Name: \_\_\_\_\_  
Doing Business As: \_\_\_\_\_  
Address: \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
Contact Phone: \_\_\_\_\_ Contact Email: \_\_\_\_\_  
Contact Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

**Mark the trade(s) for which you are registering:**

<input type="checkbox"/>	Concrete	<input type="checkbox"/>	Home Improvement/Remodeling	<input type="checkbox"/>	Refrigeration**
<input type="checkbox"/>	Demolition	<input type="checkbox"/>	HVAC**	<input type="checkbox"/>	Roofing
<input type="checkbox"/>	Electrical**	<input type="checkbox"/>	Hydronic**	<input type="checkbox"/>	Sign Contractor
<input type="checkbox"/>	Electrical Low Voltage Cable	<input type="checkbox"/>	Insulation	<input type="checkbox"/>	Solar
<input type="checkbox"/>	Excavation	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Telecommunications
<input type="checkbox"/>	Fence	<input type="checkbox"/>	Masonry	<input type="checkbox"/>	Tree Service
<input type="checkbox"/>	Fire Safety**	<input type="checkbox"/>	Paving contractor	<input type="checkbox"/>	Utility Contractor
<input type="checkbox"/>	General Contractor	<input type="checkbox"/>	Plumbing**	<input type="checkbox"/>	Other:

**The following items shall be submitted with this completed application in order to complete the Contractor Registration process for the City of Huron:**

- ☐ Certificate of Liability Insurance demonstrating a minimum combined bodily and property damage coverage in the amount of \$1,000,000 naming the City as an additional Insured. Renewal certificates to be forwarded to the City throughout the term of the registration.
- ☐ Proof of Compliance with the State of Ohio's Workers Compensation Laws (include certificate) or a typewritten, signed letter stating the reason why such Certification is not held.
- ☐ The included RITA registration completed (or notation that you are already registered with RITA).
- ☐ \$100 Fee per trade, maximum \$200.

**Submit the following additional items IF APPLICABLE:**

- ☐ Surety Bond, **IF APPLICABLE**. (***CONTRACTORS WORKING IN THE CITY RIGHT-OF-WAY: Excavating, Utility, Sewer Builders, Concrete, Tree Service, House Moving Contractors, etc.*** shall provide a Surety Bond of a minimum of \$10,000 or any other amount deemed appropriate by the Service Director or his/her designee.)
- ☐ State License, **IF APPLICABLE** (Trades that require State licensing denoted with an \*\* above)

Please sign below certifying that all the information provided is true, accurate, and complete to the best of your knowledge. Your signature certifies that you are the owner or have been authorized by the owner of the company to sign as an agent and agree to all applicable laws of this jurisdiction.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**For Departmental Use Only:**

Date of Submission: _____	Fee and Method of Pymt: _____
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**FORM  
48**

Regional Income Tax Agency  
**Business Registration Form**



**800.860.7482**  
**TDD 440.526.5332**  
**ritaohio.com**

**CITY OF HURON**

Municipality



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.

**Business Type**

- |                                      |                                                |
|--------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit            |
| <input type="checkbox"/> S-Corp      | <input type="checkbox"/> Estate & Trust        |
| <input type="checkbox"/> LLC         | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> Partnership |                                                |

**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

<b>Sub-contractor Name / Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>		\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

\*If more space is needed, you may attach a separate schedule that includes **ALL** of the required information listed above.