

Village of Russells Point

**Contractor Registration Application**

Fee: \$ \_\_\_\_\_ Date Received \_\_\_\_\_

Receipt # \_\_\_\_\_ Registration # \_\_\_\_\_ Date Approved \_\_\_\_\_

Owner's Name  
\_\_\_\_\_

Business Name  
\_\_\_\_\_

Address &  
P.O. Box \_\_\_\_\_

City, State  
& Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Cell # \_\_\_\_\_ Fax # \_\_\_\_\_

E-mail Address  
\_\_\_\_\_

Number of Employees (including yourself) \_\_\_\_\_ Number of Vehicles \_\_\_\_\_

All requested information listed in bold print must be supplied if applicable to you.

**Contract labor & sub-contractors must register separately.**

Type of Work  
\_\_\_\_\_

Liability Insurance Co.  
\_\_\_\_\_

Agent & Phone #  
\_\_\_\_\_

Worker's Composition Carrier  
\_\_\_\_\_

Federal I.D. # \_\_\_\_\_ State Lic. # \_\_\_\_\_

**Fees**

0-4 employees	\$50.00 a year from Jan. 1 to Dec. 31
5 or more	\$75.00 a year from Jan. 1 to Dec. 31
	\$25.00 a year annual renewal

Out of State	\$100.00 a year Jan. 1 to Dec. 31
	\$100.00 a year annual renewal

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A **Certificate of Liability Insurance** and a copy of your current **Bureau of Worker's Compensation Certificate** must accompany all registration forms if you have employees. Also, your current state or federal license numbers, if required to perform the work you do.

Any registration that is allowed to lapse for one calendar year will require a new application at full fee. Proof of current required insurance, licenses, or registration is required at time of annual registration renewal.

I hereby agree when properly registered, to comply with all Village of Russells Point codes and ordinances and assist to the best of my ability with the enforcement of said regulations. I also certify that the statements in this application are true and correct to the best of my knowledge and belief. If any part of this application is found to be false or any Russells Point codes or ordinances knowingly violated, my registration shall be revoked upon completion of the current village, county or state permits issued to me and/or any company I own a majority interest in. and no new permits shall be issued.

Any contractor, sub-contractor, installer, landscaper, tradesman, excavator, service provider and or business that works or performs services for compensation inside the incorporated Village of Russells Point shall file and pay a one percent (1%) village income tax on income earned in the Village of Russells Point. Any person or business that pays an employee a salary for labor or services performed in the Village of Russells Point, for twenty (20) days or more in any one (1) calendar year shall file, pay, and withhold one percent (1%) municipal income tax on all salaries paid (see attached tax form). you may contact the village clerk, at the above numbers with any tax questions you may have.

Name: (please print)

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Signature

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Title \_\_\_\_\_

Date \_\_\_\_\_

Allow up to thirty (30) days for processing

P.O. Box 30, Russells Point, Ohio 43348  
Ph: 937-843-2245 ext. 4, Fax: 937-843-9956  
[codeenforcement@russellspoint-oh.gov](mailto:codeenforcement@russellspoint-oh.gov)

# WITHHOLDING AND BUSINESS MUNICIPAL INCOME TAX REGISTRATION

## Central Collection Agency

205 W. Saint Clair Ave., Cleveland, Ohio 44113-1503  
Phone: 800-223-6317 • Fax: 216-420-8316  
www.ccatax.ci.cleveland.oh.us

**BUSINESS INCOME:** Any contractor, sub-contractor, installer, landscaper, tradesman, excavator, service provider or business that works or performs services for compensation inside the incorporated Village of Russells Point shall file and pay a one percent (1%) municipal income tax on income earned in the Village of Russells Point. Income should be estimated each year and paid quarterly to avoid penalties and interest.

**EMPLOYEE WITHHOLDING:** Any person or business that pays an employee a salary for labor for services performed in the Village of Russells Point for (20) days or more in any one (1) calendar year shall withhold, file and pay one percent (1%) municipal income tax on all salaries.

**REQUIREMENTS:** All businesses are required to complete the registration form below. The Village of Russells Point reserves the right to deny any and all contractor registrations or required permits for failure to complete this form. Registrations and permits may also be denied for failure to file and remit tax due.

**FILING AND PAYMENTS:** The Village of Russells Point has contracted the Central Collection Agency (CCA) to administer the collection of all income tax. All tax forms and payments should be addressed to and made payable to CCA. It is your responsibility to notify CCA of any changes in your status.

Name or Corporate Name: \_\_\_\_\_

Business or Trade Name: \_\_\_\_\_

Federal Tax I.D. Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Business Type:

Sole Proprietor (see note below)

Corporation

Partnership

Limited Liability Company

S-Corporation

Estate or Trust

Governmental

Non-Profit Corporation

Financial Organization

Union

Other \_\_\_\_\_

**(NOTE: If you are a Sole Proprietor you must also complete the Individual Registration Form)**

Type of Work Performed (Mfg., Construction, Commercial, etc.): \_\_\_\_\_

Fiscal Period End Month: \_\_\_\_\_

Will you be withholding employment taxes for the Village of Russells Point?  Yes  No

If yes, do you estimate the withholding to be more than \$100 per month?  Yes  No

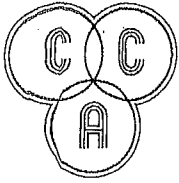
If any employees are residents of the Village of Russells Point, will you be withholding residence taxes?  Yes  No

Name of person responsible for filing forms:

Name \_\_\_\_\_ Title \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date \_\_\_\_\_

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



# INDIVIDUAL REGISTRATION CCA – MUNICIPAL INCOME TAX

205 W Saint Clair Ave  
Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317  
www.ccatax.cl.cleveland.oh.us

Move in Date: \_\_\_\_\_ Phone No \_\_\_\_\_  
 Primary Social Security No. \_\_\_\_\_ Spouse Social Security No. \_\_\_\_\_  
 Primary Name \_\_\_\_\_ Spouse Name \_\_\_\_\_  
 Street Address \_\_\_\_\_ Apt. No \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Prior Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Lived at prior address: From \_\_\_\_\_ To \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### LIST ALL OTHER RESIDENTS IN HOUSEHOLD (AGE 18 OR OVER)

NAME	AGE	SOCIAL SECURITY NO	CITY WHERE EMPLOYED
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

### EMPLOYMENT (GIVE NAME AND ADDRESS OF EMPLOYER(S))

INDICATE WHETHER FOR YOURSELF OR SPOUSE FOR THE LAST TWO (2) YEARS. SHOW LAST JOB FIRST  
COMPANY NAME ADDRESS/CITY

1. \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_
2. \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_
3. \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_
4. \_\_\_\_\_ SELF \_\_\_\_\_ SPOUSE \_\_\_\_\_

### CHECK OTHER SOURCES OF INCOME:

RENT  SOC.SEC.  PENSION  SELF-EMPLOYED  OTHER  \_\_\_\_\_

TRADE NAME AND ADDRESS IF SELF-EMPLOYED \_\_\_\_\_

*If registration is for employers or business,  
you must also complete the Business Registration form.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

The above signed declares that this statement is true and correct.