

CITY OF PEPPER PIKE

28000 SHAKER BLVD.
PEPPER PIKE, OH 44124

IMPORTANT NOTICE

CURRENT YEAR REGISTRATION - \$80.00 each

LANDSCAPERS AND SNOWPLOWERS:

It is again time to renew your landscaper and/or snowplower's license for the City of Pepper Pike.

Enclosed you will find the application and tax form to be filled out and returned to this office with a **self addressed stamped envelope**. If the application is not fully completed it will be returned, along with your check, and you will not be licensed.

We require a Certificate of Insurance (with City of Pepper Pike listed as additional insured) proving that you have commercial insurance.

We would also like to take this opportunity to inform you of Ordinance No. 2001-36 which states: If the applicant has engaged in a landscaping and/or snowplowing business within the City without a valid license, the license fee shall be twice the amount. **If your company is seen by a City employee performing work without registering, the City will require you to stop the job until a registration is completed.**

IMPORTANT NOTICES – Landscapers must watch the Environmentally Beneficial Landscaping video before the application process is completed. Please contact Tara Carlson at 216-896-6134 to get information on group or individual viewings. The City of Pepper Pike is also requiring that registered landscapers place stickers on their truck showing that they are registered for the current year. A line on the following application lets you note how many stickers you will need.

Please call 216-896-6134 if you have any questions.

Thank you,

City of Pepper Pike
Building Department

CITY OF PEPPER PIKE

28000 Shaker Blvd., Pepper Pike, OH 44124

216-896-6134/Fax: 216-831-1160

FEE: \$80.00 EACH

**Current Year Registration Application
(Please circle the registration you are applying for)
Landscaping / Snowplowing**

DATE: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

CITY: _____ ZIP CODE: _____

BUSINESS PHONE #: _____ CELL PHONE #: _____

EMAIL: _____

OWNER'S NAME: _____ DRIVER'S LICENSE #: _____

SS#: _____ OR FEDERAL I.D. # _____

DRIVER INFORMATION (FOR ALL DRIVERS)

NAME: _____ DRIVER'S LICENSE #: _____

NAME: _____ DRIVER'S LICENSE #: _____

NAME: _____ DRIVER'S LICENSE #: _____

If you are placing flyers of any sort in the City of Pepper Pike, they must be secured to the mailbox with a rubber band. No tape or any other substance may be used. Flyers may not be placed in mailboxes. If the flyers are not secured, you will be in violation of **Ordinance 660.01(a) Littering and Deposit of Garbage, Rubbish, Junk, etc.**: No person shall negligently place, dump, drop or dispose of in any manner, upon any public property or upon the premises of another, any paper, trash, garbage, waste, rubbish, refuse or junk or any substance or material which is or may become noxious, offensive, injurious or dangerous to the public health, comfort, safety or welfare, or while the same are under his or her control, allow the same to drop, fall, or be blown, placed or dumped in any manner upon any public property or upon the premises of another.

Ordinance #660.14 (a): Removal and Deposit of Snow.

No person shall remove, cause to be removed or permit the removal of snow from any private driveway within the Municipality and deposit, cause to be deposited or permit the deposit of the same upon the pavement of any public street within the Municipality.

OFFICE USE ONLY		
Landscaper LIC. #: _____	Check #: _____	Cash - Receipt #: _____
Snowplower LIC. #: _____	Check #: _____	Cash - Receipt #: _____

FEDERAL IDENTIFICATION NUMBER

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR)

FILING 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:

REGIONAL INCOME TAX AGENCY
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900 BROADVIEW HEIGHTS, OH 44147-7900

CLEVELAND TOLL FREE:
(800) 860-RITA (7462)

COLUMBUS TOLL FREE: (866) 721-RITA (7482)
TDD: (440) 526-5332

YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)
FAX: (440) 526-3136

CONTRACTOR INFORMATION

MUNICIPALITY: PEPPER PIKE

BUILDING PERMIT #: _____

ADDRESS OF CONSTRUCTION SITE: _____

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
COZ1-R-KO-OR B-C-D						
COZ1-R-KO-OR B-C-D						
COZ1-R-KO-OR B-C-D						
COZ1-R-KO-OR B-C-D						
COZ1-R-KO-OR B-C-D						
COZ1-R-KO-OR B-C-D						

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

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