



RENTAL REGISTRATION APPLICATION - RESIDENTIAL

Building Department

Annual Rental Registration Fee: \$75.00

Rental Registration Update: \$35.00

Applicant Information

Name: _____

Company Name (if applicable): _____

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ E-mail Address: _____

For the following properties, I am the (check one):

- Property Owner: A person, corporation, or limited liability corporation claiming, or in whom is invested, the ownership, dominion, or title of real property including but not limited to: holder of fee-simple title, holder of life-estate, holder of leasehold estate for an interim term of five years or more; a buyer under contract for deed; a mortgagee, receiver, executor or trustee in control of real property; but not including the holder of leasehold estate or a tenancy for initial term of less than five years. (MH Cod. Ord. 1486.01(f))
- Agent in Charge: A resident of Cuyahoga County, Ohio, who has been designated by the owner of a rental property located in the City of Maple Heights, to be the local agent-in-charge (AIC), to oversee the maintenance and financial obligations of the property, when the owner of the property does not reside in Cuyahoga County, Ohio. The agent in charge must be a resident of Cuyahoga County and register with the City for the property. (MH Cod. Ord. 1486.01(f))

Property Information

Address

Property Owner & Phone Number
(if different from applicant above)



TENANT INFORMATION FORM - RESIDENTIAL

Building Department

The following information is necessary of tax, health, and safety purposes.

Property & Primary Tenant Information:

Property Address: _____

Primary Tenant's Name: _____

Telephone Number: _____

E-mail: _____

Additional Tenants:

Name of Tenant 2: _____

Name of Tenant 3: _____

Name of Tenant 4: _____

Name of Tenant 5: _____

Name of Tenant 6: _____

Name of Tenant 7: _____

Name of Tenant 8: _____

Name of Tenant 9: _____

Name of Tenant 10: _____



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.

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

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 : _____ <small>(required if sole proprietor)</small>
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

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