



Orange Village

4680 Lander Road • Orange Village, OH 44022 • 440-498-4405 • Fax 440-287-5150

www.orangevillage.com

BUILDING DEPARTMENT

CONTRACTOR REGISTRATION

- All Contractors working in Orange Village must register annually. Using the attached form, complete and return to Orange Village along with a \$75.00 registration fee.
- The following Contractors are required to register annually (January – December):
 - **Electrical** – requires copy of State of Ohio Electrical License.
 - **HVAC** – requires copy of State of Ohio HVAC License.
 - **Hydronics** – requires copy of Ohio Hydronic License.
 - **Plumbing** – requires copy of Ohio Plumbing License.
 - **Gas Piping** – requires copy of State of Ohio Plumbing or HVAC License.
 - **Note:** a registered HVAC or Plumbing contractor can install gas piping and obtain any required permits for gas piping.
 - **Fire Safety** – Includes: Fire Alarm, Fire Suppression & Fire Sprinkler. Requires copy of State Fire Marshall company annual certificate.
 - **General Contractor** – All other contractors not listed above. Example: Roofers, Excavators, Septic, Concrete and Paving, Tree Trimming / Removal, Painting, Siding, Windows, etc.
- **Registration Requirements:** Registrations are valid January 1st – December 31st of each year. All of the following items must be received at one time in order to process the request.
 - **Registration Application Form**
 - **R.I.T.A. tax form**
 - **Certificate of Liability Insurance (List Orange Village as additional insured)**
 - **\$100,000 – 300,000 Liability Insurance**
 - **\$50,000 Property Damage Insurance**
 - **\$75.00 Registration Fee**
 - **Note:** Please remember to include a copy of State License (if applicable). If you would like the registration mailed to you, please include a self- addressed stamped envelope. Otherwise, provide an e-mail address to have the registration e-mailed to you.
 - **Type of payment accepted: Check or Cash (in person). Please make check payable to Orange Village. No credit cards are accepted.**

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CONTRACTOR REGISTRATION APPLICATION

DATE: _____

____ Electrician
____ Plumber
____ HVAC
____ Hydronics
____ Fire Suppression / Fire Alarm
____ General Contractor
____ Other _____

Note: Electrician, Mechanical, Plumber & Fire must supply a State License with application.

CONTRACTOR BUSINESS NAME: _____

BUSINESS OWNER'S NAME: _____

BUSINESS ADDRESS: _____ CITY _____ STATE _____ ZIP _____

BUSINESS PHONE: _____ MOBILE _____

EMAIL: _____ FAX _____

FEDERAL ID# OR SSN# _____

LIST NAMES OF PERSONS AUTHORIZED TO OBTAIN PERMITS UNDER BUSINESS NAME:

I hereby affirm the above information is accurate and correct under penalty of law.
Orange Village Codified Ordinance 1329.02

SIGNATURE OF APPLICANT: _____

PRINTED NAME: _____

Submittal Requirements:

- Completed Application
- Certificate of Insurance, naming Orange Village as additional insured
- Completed RITA tax form
- Copy of State License if applicable
- Registration Fee \$75.00

Contractor Registrations are valid for one (1) calendar year and shall expire on December 31st.
Please make checks payable to Orange Village. Credit Cards are not accepted.

**FORM
48**

**Regional Income Tax Agency
Business Registration Form**



**800.860.7482
TDD 440.526.5332
ritaohio.com**

Municipality _____

Business Type

- | | |
|--------------------------------------|--|
| ☐ Corporation | ☐ Non-Profit |
| ☐ S-Corp | ☐ Estate & Trust |
| ☐ LLC | ☐ Sole Proprietor / LLC |
| ☐ 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: 440.526.3136

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

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

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