



Orange Village

4600 Lander Road • Orange Village, OH 44022 • 440-498-4405 • Fax 440-498-4404
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 _____

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.

BUSINESS REGISTRATION FORM 48

MUNICIPALITY _____

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: _____

CONTRACTOR INFORMATION

MUNICIPALITY: _____
 ADDRESS OF CONSTRUCTION SITE: _____

BUILDING PERMIT #: _____
 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
COZI-R-RCU-OR B-CB ZM							
COZI-R-RCU-OR B-CB							
COZI-R-RCU-OR B-CB							
COZI-R-RCU-OR B-CB							
COZI-R-RCU-OR B-CB							
COZI-R-RCU-OR B-CB							
COZI-R-RCU-OR B-CB							

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

CLEVELAND TOLL FREE: (800) 860-RITA (7482)
 COLUMBUS TOLL FREE: (866) 721-RITA (7482)
 YOUNGSTOWN TOLL FREE: (866) 750-RITA (7482)

TDD: (440) 526-5332
 FAX: (440) 526-3136