



# Orange Village

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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 1<sup>st</sup> – December 31<sup>st</sup> 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 31<sup>st</sup>.  
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
CONTRACTOR BCH							
CONTRACTOR BCH							
CONTRACTOR BCH							
CONTRACTOR BCH							
CONTRACTOR BCH							
CONTRACTOR BCH							

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