



# Orange Village

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

[www.orangevillage.com](http://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.

**FORM  
48****Regional Income Tax Agency  
Business Registration Form****800.860.7482  
TDD 440.526.5332  
ritaohio.com**

Municipality \_\_\_\_\_

**Business Type**

- |                                      |  |
|--------------------------------------|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Non-Profit            |
| <input type="checkbox"/> S-Corp      | <input type="checkbox"/> Estate & Trust        |
| <input type="checkbox"/> LLC         | <input type="checkbox"/> Sole Proprietor / LLC |
| <input type="checkbox"/> 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 : _____
City/State/Zip: _____	(required if sole proprietor)
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 ☐ NoWill 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**

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