

\_\_\_\_\_  
Registration Name

\_\_\_\_\_  
Registration Number

\_\_\_\_\_  
Social Security Number

CITY OF CUYAHOGA FALLS  
2310 SECOND STREET  
CUYAHOGA FALLS OH 44221  
330-971-8100

**INDIVIDUAL / SOLE PROPRIETOR  
GENERAL CONTRACTOR REGISTRATION**

1. LEGAL NAME OF BUSINESS: \_\_\_\_\_

BUSINESS OWNER'S NAME: \_\_\_\_\_

2. BUSINESS ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ Fax: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_ E-mail: \_\_\_\_\_

3. Types of work to be done pursuant to this registration: \_\_\_\_\_

4. Authorized signatories: (persons other than you authorized to sign for permits)

\_\_\_\_\_  
sign & print name

\_\_\_\_\_  
sign & print name

\_\_\_\_\_  
sign & print name

\_\_\_\_\_  
sign & print name

\_\_\_\_\_  
sign & print name

\_\_\_\_\_  
sign & print name

Are the signatories your employees? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Localities in which you hold licenses or registrations:

(1) Locality: \_\_\_\_\_ License # \_\_\_\_\_ Issue Date: \_\_\_\_\_

(2) Locality: \_\_\_\_\_ License # \_\_\_\_\_ Issue Date: \_\_\_\_\_

Has your registration in any locality ever been suspended or revoked? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give date, year and locality: \_\_\_\_\_

6. INSURANCE CARRIER: \_\_\_\_\_  
AGENT: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

7. Would you like us to post your company on our Rehab list? \_\_\_\_\_ Yes \_\_\_\_\_ No

8. In an effort to identify those companies, which are available for 24-hour service calls, please indicate below:  
24-HOUR SERVICE AVAILABLE: \_\_\_\_\_ Yes \_\_\_\_\_ No

9. I have read and acknowledge the regulations and penalties set by the building trades licensing board and I agree to abide by them. See attached Licensing Trade Board Rules.

10. I agree to remove all scrap materials from the worksite upon completion of the job.

I hereby certify on behalf of the company that the company, its agents, officers and employees will abide by the provisions of the Codified Ordinances of the City of Cuyahoga Falls. The company is aware of the requirements of the ordinances. It is understood that any misrepresentation of information will be cause for denial or revocation of registration. All work, undertaken pursuant to the registration, shall be of workmanlike quality and in accordance with all applicable and governing codes of the City of Cuyahoga Falls in effect at the time of this registration and of those thereafter adopted.

By \_\_\_\_\_  
(License Holder)

Its \_\_\_\_\_  
(Position)

Date: \_\_\_\_\_

FEE: \$100.00 per registration \_\_\_\_\_

Chief Building Official: \_\_\_\_\_

Date: \_\_\_\_\_

**REQUIREMENTS FOR REGISTRATION OF  
INDIVIDUAL / SOLE-PROPRIETOR  
GENERAL CONTRACTORS**

1. The application shall be presented to the Department of Building Inspection properly filled out and accompanied by a fee of \$100.00 for each license applied for.
2. **CERTIFICATE OF INSURANCE:** A Certificate of Insurance with the City of Cuyahoga Falls listed as a Certificate Holder (not Additional Insured) must also be submitted at the time of application. The levels of insurance required are:
  - A. Liability insurance in an amount of not less than \$100,000 for injuries, including those resulting in the death of any one person and in an amount of not less than \$500,000 on account of any one accident or occurrence.
  - B. Property damage insurance in an amount of not less than \$100,000 for damages on account of any one accident or occurrence.
3. **WORKER'S COMPENSATION:** A copy of the current Worker's Compensation Form must be submitted with the application. Only required if you have employees.
4. **INCOME TAX FORM:** Complete and return the Income Tax form either with this application to the Building Department or directly to the Income Tax Department. Keep the date(s) sheet for your records.
5. Read the Licensing Trade Board Rules and keep for your records.
6. Renewal registration fees for Cuyahoga Falls shall be \$50.00 due December 31st of each year. You have until January 31<sup>st</sup> to pay \$50.00. Renewal fees post-marked after January 31<sup>st</sup> will be \$75.00. Renewal fees post-marked after June 30<sup>th</sup> will be \$100.00. Renewal letters will be mailed at the beginning of December.



# City of Cuyahoga Falls

## DIVISION OF TAXATION

2310 Second Street \* Cuyahoga Falls, Ohio 44221

Phone: (330) 971-8220 \* Fax: (330) 971-8219

Website: <http://www.cityofcf.com/tax>

## Municipal Income Tax Account Questionnaire

Firm Name: \_\_\_\_\_ DBA \_\_\_\_\_

Local Street Address of Business: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax \_\_\_\_\_

Nature of Business \_\_\_\_\_

Have you previously had a Municipal income tax account with the City of Cuyahoga Falls, Ohio?

Yes  No

If Yes, please indicate the account number (SSN or EIN) \_\_\_\_\_

Date you started business within our city \_\_\_\_/\_\_\_\_/\_\_\_\_

Date you first had employees within our city \_\_\_\_/\_\_\_\_/\_\_\_\_

Approximate monthly payroll amount \$ \_\_\_\_\_

If you are using a payroll service, indicate which one \_\_\_\_\_

Accountant's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Accountant's Address: \_\_\_\_\_

\_\_\_\_\_

**Account Type:** (Check all types applicable to you or your business)

\_\_\_\_\_ C Corporation or

\_\_\_\_\_ S Corporation: Federal ID No. \_\_\_\_\_ Fiscal Year End \_\_\_\_\_

President's Name: \_\_\_\_\_ Vice President: \_\_\_\_\_

Address of Home Office: \_\_\_\_\_

Subsidiary Of: \_\_\_\_\_

\_\_\_\_\_ Partnership: Federal ID No.: \_\_\_\_\_ Fiscal Year End \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_ Sole Proprietorship: Federal ID No. If applicable: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN: \_\_\_\_\_

\_\_\_\_\_ Withholding Account only: \_\_\_\_\_ Courtesy Withholding or \_\_\_\_\_ Non-Profit

Federal ID No.: \_\_\_\_\_



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## Important Due Dates for Businesses

### Net Profit Income Tax Returns

- ↳ For calendar year taxpayers, must be filed by April 15.
- ↳ For fiscal year taxpayers, must be filed by the 15<sup>th</sup> day of the fourth month following the end of the fiscal year.

### Estimated Tax Payments

- ↳ For calendar year taxpayers, quarterly installments are due April 30, July 31, October 30, and January 31.
- ↳ For fiscal year taxpayers, quarterly installments are due on or before the last day of fourth, sixth, ninth, and twelfth month after the beginning of the taxpayer's taxable year.

### Employer Withholding Returns

- ↳ For employers who qualify to withhold tax quarterly, due dates are as follows:
  - 1<sup>st</sup> Quarter – January, February, March – due April 30
  - 2<sup>nd</sup> Quarter- April, May, June – due July 31
  - 3<sup>rd</sup> Quarter – July, August, September – due October 31
  - 4<sup>th</sup> Quarter – October, November, December – due January 31

\*Only employers whose annual withholding is less than \$1,200.00 qualify to remit withholding on a quarterly basis.

- ↳ For employers required to withhold monthly, the due date for withholding is the 20<sup>th</sup> of the following month.  
Example: January monthly withholding is due February 20

- ↳ A year end withholding reconciliation is due by January 31.
- ↳ Copies of W2 forms must be attached to year-end reconciliation form.

For further information, please contact the Income Tax Office at 330/971-8220 or visit our website at <http://www.cityofcf.com/tax.htm>.

**THE CUYAHOGA FALLS BUILDING TRADES LICENSING BOARD HAS ESTABLISHED THE FOLLOWING REGULATIONS AND PENALTIES TO BE EFFECTIVE JANUARY 1, 2000.**

- **No Work Is To Begin Until A Permit Has Been Obtained. In Emergency Cases, A Phone Call To The Building Department That A Permit Is Forthcoming Is To Be Made The Next Business Day.**
  
- **Contractors Found Working In The City Without A Registration Shall Be Removed From The Job And Denied Application For A Registration For Two Years.**
  
- **Registered Contractors Found To Be Working Without A Permit Shall:**
  - 1st Occurrence - **Pay A Triple Fee And Receive A Written Warning Of Future Penalties.**
  - 2nd Occurrence - **Pay A Triple Fee And Receive An Automatic 30-Day Suspension.**
  - 3rd Occurrence - **Pay A Triple Fee And Receive An Automatic 1-Year Suspension, *With Forwarding To The Law Department For Prosecution.***
  
- **A Registered Contractor Pulling Permits To Cover For An Unregistered Contractor Shall:**
  - 1st Occurrence - **Registration Will Be Suspended For 1 Year.**
  - 2nd Occurrence - **Registration Will Be Revoked, *With For-Warding To Law Department For Prosecution.***
  
- **Inspections Performed Subsequent To The Initial Follow-Up Inspection Shall Be Charged A Reinspection Fee As Follows:**
  - 1st Occurrence - **\$ 50.00**
  - 2nd Occurrence - **\$ 100.00**
  - 3rd & Subsequent Occurrences - **\$ 200.00 Each,**  
**And Referral To The Chief Building Official For Action**

**Electrical Contractors: The Electrical Conduit And Wire For Services Must Be Done By The Electrical Contractor -- Not An Excavating Company! This Will No Longer Be Tolerated!**