

Registration Name

Registration Number

Federal I. D. Number

CITY OF CUYAHOGA FALLS
 2310 SECOND STREET
 CUYAHOGA FALLS OH 44221
 Phone: 330-971-8180
PARTNERSHIP APPLICATION
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 license or registration in any locality ever been suspended or revoked?

Yes _____ No _____

If yes, give date, year and locality: _____

6. Type of Partnership: (check one:)

_____ General Partnership

_____ Limited Partnership

Date of Formation: _____

Number of General Partners: _____

Names and Residence Addresses of all General Partners:

1. _____ 2. _____

A certified copy of the Certificate of General or Limited Partnership must be attached. Form sent to the State in which you filed for partnership.

7. INSURANCE AGENT: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Fax Number: _____

8. Would you like us to post your company on our Rehab list? _____ Yes _____ No

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

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

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

CERTIFICATION

I hereby certify on behalf of the partnership that the partnership will abide by and the partners are familiar with the provisions of the Codified Ordinances of the City of Cuyahoga Falls. 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 registration and of those thereafter adopted.

Name of General Partnership:

GENERAL PARTNER

CHIEF BUILDING OFFICIAL

DATE: _____

DATE: _____

FEE: _____

RENEWAL FEE: _____

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 : _____ (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.

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

Filing Due Dates

Form 11

Employer's Municipal Tax Withholding Statement

Semi-Monthly Filers The 3rd banking day after the 15th of each month
and the 3rd banking day after the last day of each month

Monthly Filers The 15th day of the month following the month withheld

Quarterly Filers The last day of the month following the end of the quarter:
1st Quarter - April 30th
2nd Quarter - July 31st
3rd Quarter - October 31st
4th Quarter - January 31st

Form 17

Reconciliation of Income Tax Withheld and W-2 Transmittal

Annually On or before the last day of February following the calendar year in which the taxes were withheld

Form 27

Net Profit Tax Return

Annually The 15th day of the 4th month following the end of the taxpayer's taxable year

Form 20-EXT

Net Profit Estimated Income Tax and/or Extension of Time to File

Quarterly The 15th day of the 4th, 6th, 9th, and 12th months after the beginning of the taxable year.

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!

**REQUIREMENTS FOR REGISTRATION OF
CORPORATE
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. A certified copy of the Certificate of General or Limited Partnership must be attached. Form sent to the State in which you filed for partnership.
3. **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.
4. **WORKER'S COMPENSATION:** A copy of the current Worker's Compensation Form must be submitted with the application. Only required if you have employees.
5. **INCOME TAX FORM:** Complete and return the Business Registration Form 48 to RITA. Keep the date(s) sheet for your records.
6. Read the Licensing Trade Board Rules and keep for your records.
7. Renewal registration fees for Cuyahoga Falls shall be \$50.00 due December 31st of each year. You have until January 31st to pay \$50.00. Renewal fees post-marked after January 31st will be \$75.00. Renewal fees post-marked after June 30th will be \$100.00. Renewal letters will be mailed at the beginning of December annually.