

APPLICATION FOR SEWER TAPPER LICENSE  
CITY OF CUYAHOGA FALLS – BUILDING DEPARTMENT  
2310 SECOND STREET  
CUYAHOGA FALLS OH 44221  
(330) 971-8100

I, the undersigned, hereby apply for a Sewer Tapper License in the City of Cuyahoga Falls, Ohio, and for that purpose certify the following answers to the questions contained in this application.

1. Full Name \_\_\_\_\_

2. Home Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

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

3. Have you been convicted of a violation of a Building Code, if so, explain?  
\_\_\_\_\_

4. Present Employer \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Tel. No. \_\_\_\_\_

5. EXPERIENCE:

FROM - TO

EMPLOYER

Performed work as helper, apprentice, designer,  
journeyman, contractor, installer, engineer

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

6. List 3 jobs, which, in your opinion, entitle you to a Certificate of Competency:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

7. Licenses, in which City? \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant) (Sign here in presence of Notary Public)

being duly sworn according to law, says that the representatives, & statements made in the foregoing applications are true.

Subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

My commission expires \_\_\_\_\_ 20\_\_\_\_.

Notary Public (seal)

## REQUIREMENTS FOR REGISTRATION OF SEWER TAPPERS

1. The application shall be presented to the Department of Building & Zoning Inspection properly filled out upon completion of the written examination.
2. **CORPORATE MINUTES** (or a copy of the Corporate Resolution) must be submitted showing who may sign for the corporation. Copy of the page listing all the corporate officers with their signatures. Or a letter must be submitted signed by all the officers stating the name of the person who will be the license holder.
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.
5. **INCOME TAX FORM:** Complete and return the Income Tax form either to the Building Department or directly to the Income Tax Department. Keep the list of dates for your records.
6. Read the **Licensing Trade Board Rules** and keep for your records. Signing this license application implies that you have read the rules and agree to abide by them. Let us know if you want to be listed as a 24-hour emergency service if your company is available all the time. The City also has a rehab list that you may wish to have your company listed on, if so let us know.
7. 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 annually.



# 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!***