

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: _____

Municipality _____

Business Type

- Corporation
- S-Corp
- LLC
- Partnership
- Non-Profit
- Estate & Trust
- Sole Proprietor / LLC

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 : _____ <small>(required if sole proprietor)</small>
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.

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

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 3 rd banking day after the 15 th of each month and the 3 rd banking day after the last day of each month
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Monthly Filers	The 15 th day of the month following the month withheld
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Quarterly Filers	The last day of the month following the end of the quarter: 1 st Quarter - April 30 th 2 nd Quarter - July 31 st 3 rd Quarter - October 31 st 4 th Quarter - January 31 st
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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
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Form 27

Net Profit Tax Return

Annually	The 15 th day of the 4 th month following the end of the taxpayer's taxable year
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Form 20-EXT

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

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

**EQUIREMENTS 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 Business Registration Form 48 to RITA. 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 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.