

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**

- 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

<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	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 <b>ALL</b> of the required information listed above.		

# Filing Due Dates

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**Form 11**

Employer's Municipal Tax Withholding Statement

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

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Monthly Filers      The 15<sup>th</sup> 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<sup>st</sup> Quarter - April 30<sup>th</sup>  
2<sup>nd</sup> Quarter - July 31<sup>st</sup>  
3<sup>rd</sup> Quarter - October 31<sup>st</sup>  
4<sup>th</sup> Quarter - January 31<sup>st</sup>

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**Form 17**

Reconciliation of Income Tax Withheld and W-2 Transmittal

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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

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Annually      The 15<sup>th</sup> day of the 4<sup>th</sup> 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

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Quarterly      The 15<sup>th</sup> day of the 4<sup>th</sup>, 6<sup>th</sup>, 9<sup>th</sup>, and 12<sup>th</sup> 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 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.