

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)

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.		

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 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.

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!

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.