



Proposed Date of Occupancy _____

BUSINESS REGISTRATION/ ZONING CERTIFICATION APPLICATION

Application must be made for each newly proposed commercial or industrial occupant. Submissions may be mailed or faxed to the Division of Building or emailed to BuildingDept@twinsburg.oh.us Application information will be distributed to the Fire, Police, Finance, Wastewater and Building Departments for the purpose of maintaining City records. You must provide completed copy of documents to appropriate departments and RITA.

An occupancy inspection will be scheduled upon completion of the application review.

BUSINESS INFORMATION

Business Name: _____ Business Phone: _____
Business Address: _____ Parcel Number: _____
Zoning District: _____ Business email: _____
Business FAX: _____ OBC Use Group: _____ Sprinkler System: Yes No
NAICS Code: _____ Approximate sq. ft. of building/tenant space: _____
Description of Business: _____
Average Number of Employees On-Site: _____ Number of parking spaces: _____
Number of ADA parking spaces: _____ ADA Signage: Yes No Addendum Attached: Yes No

BUSINESS OWNER INFORMATION

Business Owner: _____ Contact Number: _____
Business Owner Mailing Address: _____
_____ Email address: _____

PROPERTY OWNER INFORMATION

Property Owner: _____ Contact Number: _____
Property Owner Mailing Address: _____
_____ Email address: _____

Business Owner Name: _____ **Date:** _____
Business Owner Signature: _____ **Date:** _____
Property Owner Name: _____ **Date:** _____
Property Owner Signature: _____ **Date:** _____

Building Commissioner _____ **Review Date:** _____



Addendum to Registration Application:

In order for the City of Twinsburg to more fully understand the nature of your business and to anticipate any unique needs which might require heightened awareness, security or safety measures please respond to the following:

Please describe the primary business for which an occupancy permit is requested?

What kind of additional business activities, besides the listed primary business activity, will be conducted at the site? (Ex, Mini-clinic or general merchandise sales in a drug store, equipment maintenance in an office supply store, etc.)

For personal services businesses such as beautician, medical therapist, barber but, not limited to, shall provide the appropriate State or County license number & copy of the active license or certification, for each operator providing services at the business address:

<u>Name on License</u>	<u>Type of License</u>	<u>License Number</u>	<u>Expiration Date</u>
_____	_____	_____	_____

Will hazardous chemicals, combustible materials, firearms, ammunition or controlled substances be stored or maintained at the business location? If so, please describe the subjects to be stored and explain any proposed security or safety measures to be employed to protect the property and the public.

Please detail a list of all amounts & types of materials to be stored on site or used in your business, if applicable a request for a submittal of a Material Safety Data Sheet (MSDS)



**City of Twinsburg
Wastewater Department
Sewer Billing Update Form
Commercial/Industrial Accounts**

Facility Name: _____

Address: _____

Parcel Number: _____

Owner's Name: _____

Phone Number: _____

Current Facility Type: Industrial: _____ Commercial: _____

Number of Employees: _____

Number of Students: _____

Number of Patients: _____

Number of Banquet Seats: _____

Number of Rooms: _____ (Hotel, Motel)

Verify current number of existing plumbing fixtures on premises:

- _____ Toilet / Urinal
- _____ Sink, Dishwasher, Slop Sink, Soda Fountain, and Counter / Bar Drain
- _____ Garbage Grinder
- _____ Shower
- _____ Floor Drain
- _____ Shampoo Bowl
- _____ Washing Machine
- _____ Car Wash Stalls

Comments: _____



Thomas Mason
Chief of Police

Twinsburg Police Department
10075 Ravenna Road
Twinsburg, Ohio 44087
P: (330) 425-1234
F: (330) 487-0890
www.twinsburgpd.com

Attention Business Owner / Manager:

The following emergency contact sheet is being sent to you because the information on file at the Twinsburg Police Department is out-dated.

There may be a need at times, during an emergency, where a member of the Twinsburg Police or Fire Departments may need to contact someone from your business. Keeping updated information on file also ensures business security, and helps us verify anyone we may encountered after hours.

If you have any questions regarding the integrity of this request, please feel free to contact us at: (330) 425-1234.

If you received a paper copy of this form, please print legibly and then fax the completed form to: (330) 487-8090. You may also return the form by mail to: Twinsburg Police Department, 10075 Ravenna Road, Twinsburg, Ohio 44087.

If you received an electronic copy of this form, please complete the form, save it, and then email a copy to cfried@twinsburg.oh.us. If you would like to receive an electronic copy, please email your request to same address.

If your business has changed names, or does business as more than one name, please include that information on the sheet provided.

Feel free to make copies of this so you can keep us updated on any changes that may take place within your company.

Thank you,

Chris Fried
Dispatcher / 9-1-1 Operator

TWINSBURG POLICE DEPARTMENT
10075 RAVENNA ROAD, TWINSBURG OH 44087
EMERGENCY CONTACT INFORMATION REQUEST
(330) 425-1234 / FAX (330) 487-0890

*** PLEASE PRINT OR TYPE ***

Company Name: _____

Address: _____

Business Phone Number: _____ Fax Number: _____

Email Address: _____

Owner / Manager Name: _____ City of Residence: _____

Home Phone: _____ Cellular Number: _____

Building Alarmed: No Yes – Alarm Company Provider: _____

Alarm Company Provider Phone Number: _____

Hours of Operation: _____

Landlord / Property Owner Name: _____ Contact Number: _____

Does your company routinely use or store materials which might present a hazard to officers or firefighters responding to an emergency? No Yes

If Yes, please indicate type of hazard: _____

Emergency Contacts

List in order of preferred Contact

First Name	Last Name	City	Primary Number	Secondary Number
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First Name	Last Name	City	Primary Number	Secondary Number
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First Name	Last Name	City	Primary Number	Secondary Number
------------	-----------	------	----------------	------------------

First Name	Last Name	City	Primary Number	Secondary Number
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Nature of Business: _____

_____ In CAD Date (for office use only)

***** Feel free to make copies of this form and send us updates when needed *****



TWINSBURG FIRE DEPARTMENT

10069 RAVENNA RD

TWINSBURG, OH 44087

330-963-6256

STEVEN BOSSO, OFE, MPIO
ASSISTANT FIRE CHIEF

330-486-7057
Sbosso@twinsburg.oh.us

December 10, 2019

Dear Business / Building Owner:

In conjunction with the Knox Company, the Twinsburg Fire Department utilizes a secure key lock-box program where building owners can purchase and install a Knox Box on their building. This systems uses your door keys and/or electronic fobs/cards, locked into a secured box mounted on your building that the fire department utilizes to gain access in the event of an emergency and without damaging in your entry doors. Boxes vary in sizes in order to accommodate items from key-rings up to paper binders, which are perfect for storing a copy of the Material Safety Data Sheets (MSDS), if applicable.

The Twinsburg Fire Department is the only entity that has keys to open the boxes throughout our fire district. Each of our emergency vehicles has a hardened box that securely holds the key until it is electronically released for use at a facility by a member's unique code. Each release can be audited by date, time, and person who requested release, as well as logged into our dispatch records.

The boxes can be purchased directly from the Knox Company by going to www.knox.box.com. If ordering on-line, please provide the following information:

Twinsburg City Fire Department
10069 Ravenna Road
Twinsburg, Ohio 44087-1718

System Code: PS-37-0121-04-89

For more information, please contact one of our fire prevention specialists at 330-963-6256.

Professionally,

Steven Bosso, OFE, MPIO
Assistant Fire Chief

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 :
(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.