

PROCESS FOR NEW BUSINESS START UP IN VILLAGE

1. Fill out the Business Use Certificate Application;
2. You must have building inspected by Village of Doylestown Zoning, Wayne County Building Officials 330-287-5525; and Chippewa Township Fire Department 330-658-2300. ** Some uses, i.e., food service, will require a Wayne County Health Department 330-264-2426 inspection as well; This is your responsibility to contact the above departments for these inspections.*
3. If any modifications are being done, proper permits and plan approval application must be pulled and job site inspected according to the building codes;
4. Obtain a zoning permit;
5. Fill out a Business Registration; **Any and all inspection forms that have been completed by the above departments must accompany the Business Registration paperwork.**
6. Certificate of Occupancy – Commercial will be obtained from the Wayne County Building Department.



The Village of Doylestown
Zoning Department
24 South Portage Street
Doylestown OH 44230



A VILLAGE WITH VALUES

A TOWN OF TRADITIONS

BUSINESS USE CERTIFICATE APPLICATION

FEE: \$50.00

1. NAME OF PROPERTY OWNER _____
2. ADDRESS OF PROPERTY OWNER _____
3. PHONE NUMBER OF PROPERTY OWNER _____
4. NAME OF APPLICANT, IF DIFFERENT _____
5. ADDRESS OF APPLICANT, IF DIFFERENT _____
6. PHONE NUMBER OF APPLICANT _____
7. TAX ID OF APPLICANT _____
8. EXPLAIN RELATIONSHIP BETWEEN LANDLORD AND APPLICANT IF APPLICABLE

9. PROPERTY LOCATION _____
10. NAME OF BUSINESS _____
11. PHONE NUMBER AT THIS LOCATION _____
12. ZONING DISTRICT PROPERTY IS IN _____
13. PREVIOUS USE AND PROPOSED USE _____
14. IF THIS WILL BE A NEW BUILDING, ATTACH TO THIS APPLICATION, SEVEN (7) COPIES OF A SKETCH SHOWING BUILDING LOCATION, PARKING AND DUMPSTER LOCATION.
15. ATTACH TO THIS APPLICATION THE CERTIFICATE SHOWING THE SIGN OFF OF THE CHIPPEWA TOWNSHIP FIRE DEPARTMENT.

DATE _____ OWNER - PRINT NAME _____

OWNERS SIGNATURE _____

DATE _____ APPLICANT - PRINT NAME _____

APPLICANTS SIGNATURE _____



Access ritaohio.com to register electronically using MyAccount. Login to MyAccount to Add a Municipality or Add Subcontractor. These features allow you to report a new location or new subcontractor project electronically.

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.

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	_____	\$
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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.