Building Commissioner – John Maichle
5301 Mayfield Road, Lyndhurst, Ohio 44142
440-473-5108 / 440-442-7189 Fax

NEW BUSINESS OCCUPANCY — FEE $100.00

(Business Occupancy Expires December 1st of each calendar year)

Date: _____

I,_____DBA _____
(Please Print Legibly) (Name of Business)

Hereby make application to occupy the following property. _____

Property to be occupied is (New Building)_____(Existing Building) _____

Number of parking spaces *_____ Floor square footage _____

Days of operation_____Hours of operation _____

Describe Nature of business _____

_____

Printed Name of Applicant _____

Mailing Address (To be used for any correspondence) _____

City, State, Zip Code _____

Last 4 of SSN or Federal ID # _____

Applicant Contact Phone # _____

Business Phone # _____

E-mail _____

***Prior to issuing occupancy, the Building Commissioner will review this application for compliance with Chapter 1172 "Parking" of the City of Lyndhurst Codified Ordinances. To determine compliance, full construction plans may also need to be reviewed. Should the business be found not in compliance with the requirements of Chapter 1172, additional information, such as proof of shared parking arrangements, may be requested prior to occupancy being issued.**

Estimated Number of Employees _____Full Time
_____ Part Time

Building Owner Name _____

Address_____City_____State_____Zip Code _____

Phone #_____Fax #_____E-mail _____

Will any remodeling be done? Yes_____No_____Will any extra plumbing, electrical or heating / air - conditioning be added? Please submit detailed plan of any proposed remodeling: _____

_____

_____

Will any signage be added to the building? Yes_____No_____If applicable, review and approval by the Architectural Review Board (ARB) may be required. A signage permit is required. Applications for both are available upon request or online. There is a fee for review by the ARB.

Existing number of sanitary facilities and locations _____

Method of rubbish removal/disposal _____

Name of rubbish hauler _____

EMERGENCY CONTACT (If different from owner):

Name_____Phone # _____

Include any other information or contacts for emergency response:

_____

_____

_____

I hereby declare that the above information is true, correct, and complete. I further agree not to occupy and/or operate until the required approval of application, related building permits,and inspection have been received and approved by the Building Commissioner.

Signature of Applicant_____

Printed Name of Applicant _____

ALL FORMS ATTACHED ARE TO BE RETURNED TO THE BUILDING DEPARTMENT ONLY!

Fax 440-442-7189 / E-mail linkk@lyndhurstohio.gov **/ 5301 Mayfield Rd., Lyndhurst, Ohio 44124**

Lyndhurst Police Department

Business Contacts

(Law enforcement purposes only)

MAYOR PATRICK WARD

CHIEF MICHAEL SCIPIONE

Business Name: _____

Address: _____ Suite: _____ Lyndhurst, OH 44124

Business Phone #1: _____ Business Phone #2: _____

Non-automated / direct line: _____

Name of Plaza or Office building the address is located in: _____

Business Owner Name: _____

Business Owner Phone: _____

Company Email: _____

A valid email that can be used for future correspondence.

Alarm Company Name: _____

Alarm Company Phone: _____

This company monitors: _____ Police _____ Fire _____ Other

Emergency / after hours Contact #1:

Name: _____ Cell Phone: _____

Position: _____

Would be able to respond with keys: _____ YES _____ NO

Emergency / after hours Contact #2:

Name: _____ Cell Phone: _____

Position: _____

Would be able to respond with keys: _____ YES _____ NO

Emergency / after hours Contact #3:

Name: _____ Cell Phone: _____

Position: _____

Would be able to respond with keys: _____ YES _____ NO

For Office Use

Date Returned: Date Updated:

Lyndhurst Police Department

Business Contacts

(Law enforcement purposes only)

Business Name: _____

Maintenance Supervisor: _____

Phone: _____ After Hours Phone: _____

Key code entry: _____

Lock Box / Knox Box Location: _

Do you have cameras? _ Interior _____Exterior _____None

Interior Layout Attached: _____YES _____NO

LOCATION OF AED: _____

Any Hazardous / Flammable Items AND Location: _____

_____

_____

Additional Information: _____

_____

_____

_____

_____

_____

_____

For Office Use

Date Returned: Date Updated:

CITY OF LYNDHURST

Fire Department – Fire Prevention Bureau

APPLICATION FOR PERMIT

Name of Business:_____ Date: _____

Address: _____

Business Ph. #:_____ Alt. Ph. #: _____

Email: _____

Nature of Business: _____

Alarm System: FIRE:_____ BURGLAR: _____

Hazardous Materials Storage, Handling, Manufacturer: (Explain) _____

_____

_____

_____

Name of Owner:_____ Ph. #'s: _____

Email: _____

Owner's Address: _____

- *Permits issued without fee - not transferrable (Lyndhurst Ordinance #83-36).*

PRINT FORM

RESET FORM

FORM 48

Regional Income Tax Agency
Business Registration Form

RITA
REGIONAL INCOME TAX AGENCY

800.860.7482
TDD 440.526.5332
ritaohio.com

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 : _____
(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.

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: 440.922.3536

Sub-contractor Name / Address		$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade

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	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
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*If more space is needed, you may attach a separate schedule that includes ***ALL*** of the required information listed above.