WELCOME PACKET FOR NEW BUSINESS START UP IN VILLAGE OF DOYLESTOWN

1. **Complete the Business Use Certificate Application.**
2. **For non-residential businesses, you must have building inspected by Wayne County Building Department 330-287-5525 to obtain Certificate of Occupancy and Chippewa Township Fire Department 330-658-2300 to obtain Inspection Report. ** Some uses, i.e., food service, will require an inspection from Wayne County Health Department 330-264-2426*. This is your responsibility to contact the above departments for these inspections.**
3. **If any modifications to the building are being done, site plans must be submitted to Zoning Department. Zoning Certificate is required for structural changes and additions. Application for Zoning Certificate are available at Village Hall and our website: https://www.doylestown.com/488/Applications-Permits**

   Plan approval, proper permits, and job site inspection must be obtained from Wayne County Building Department.
4. **Any and all inspection forms that have been completed by the above departments must accompany the Business Use Certificate Application.**
5. **Complete the Business Registration Form (RITA FORM 48)**
6. **Submit application along with $200 fee to Zoning Department. Zoning Department can be contacted with questions at 330-658-2181 ext. 1111 or zoning@doylestown.com**

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: $200.00

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. EMAIL ADDRESS OF APPLICANT _____
8. TAX ID OF APPLICANT _____
9. EXPLAIN RELATIONSHIP BETWEEN LANDLORD AND APPLICANT IF APPLICABLE

   _____
10. PROPERTY LOCATION(BUSINESS ADDRESS)_____
11. NAME OF BUSINESS _____
12. PHONE NUMBER AT BUSINESS LOCATION _____
13. ZONING DISTRICT PROPERTY IS IN _____
14. PREVIOUS USE OF PROPERTY _____
15. PROPOSED USE OF PROPERTY _____
16. PLEASE CHECK ALL THAT APPLY:
    a. ☐ Business is operated entirely by residents of the home
    b. ☐ No customers or clients will visit the property
    c. ☐ No signage will be installed (on structure, yard, or mailbox)
    d. ☐ No outdoor storage or visible business activity will occur
    e. ☐ No deliveries beyond standard residential service (e.g., USPS, FedEx, Amazon)
    f. ☐ No increase in traffic, noise, or neighborhood nuisance is expected
    g. ☐ Business activities are conducted entirely within the home (not in garage or accessory structures)
    h. ☐ No special equipment or utility use beyond typical household levels
    i. ☐ The business is clearly secondary to the residential use of the home

17. ☐ **IF THIS WILL BE A NEW BUILDING, ATTACH TO THIS APPLICATION, SEVEN (7) COPIES OF A SKETCH SHOWING BUILDING LOCATION, PARKING AND DUMPSTER LOCATION.**
18. ☐ **ATTACH TO THIS APPLICATION THE CERTIFICATE OF OCCUPANCY FROM WAYNE COUNTY BUILDING DEPARTMENT.**
19. ☐ **ATTACH TO THIS APPLICATION A COMPLETELY PASSED INSPECTION REPORT FROM THE CHIPPEWA TOWNSHIP FIRE DEPARTMENT.**

DATE _____ **OWNER - PRINT NAME** _____

OWNER'S SIGNATURE _____

DATE _____ **APPLICANT - PRINT NAME** _____

APPLICANT'S SIGNATURE _____

Zoning Inspector Initials: _____ Date: _____

☐ Eligible for Administrative Approval Only, **Business Use Fee Applies, CUP Fee waived**

☐ Requires Full Review, **Business Use Fee and CUP Fee Applies**

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: _____

Address: _____

City/State/Zip: _____

Federal ID #: _____

SSN : _____
(required if sole proprietor)

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

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

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

Sub-contractor Name / Address		
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	Phone Number	Estimated Start Date
	EIN or Social Security #	Email

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

*****If more space is needed, you may attach a separate schedule that includes ***ALL*** of the required information listed above.