Business License Requirements Checklist!!

Standard Business License Requirements:

Please submit the following items with your application:

- **County Vendor License** Include a description of all merchandise to be sold.
- **Proof of Insurance (**Must be current and valid at the time of submission.)
- **Additional Permits (if applicable):**
    - Food Service Permit (issued by the County Health Department)
    - Hotel/Motel Permit
    - Liquor Permit
    - Amusement Ride Permit

Residential Rental Business License Requirements:

The following items are required for all residential rental business applications:

- **Proof of Insurance** (Must be current and valid at the time of submission.)

Fire Inspections!

Any standard or rental business requiring a fire inspection **before May 1st** must contact the **Fire Chief Andy & the Assistant Fire Chief Alex**!

Phone: (440) 466-8765

Email: firechief@gotloh.org & apope@gotloh.org

Questions or Assistance

If you have any questions regarding these requirements or the application process, please contact:

Village Hall Phone: 440-466-8197

VILLAGE OF GENEVA~ON~THE~LAKE
4929 South Warner Drive, Geneva~on~the~Lake, Ohio 44041
Phone: 440-466-8197 Fax: 440-466-8911
www.genevaonthelake.org

Over

STANDARD BUSINESS REGISTRATION LICENSE APPLICATION-Fee: $220

Due by April 30th. If filed after April 30th, a late fee of $25 will be assessed.
Failure to apply by August 1st will result in additional late fee of $125.

Choose Business Type: □ Bar/Restaurant/Take Out □ Retail □ Amusement □ Other _____

NO person shall engage in any trade, business or profession without first having applied for and obtained a business registration license therefor from the Mayor or Mayor's designee. If the business has a separate county vendor's license or federal tax id, then it shall have a separate license, accompanied by a separate fee. No person shall knowingly make any false statement or representation in such application. **All applicable forms must be completed and submitted, and any fees must be paid prior to approval of the license application.**

Name of Applicant:_____SSN:_____

Mailing address:_____Phone: _____

E-Mail Address: _____

Name of Business:_____EIN (Federal ID): _____

Local GOTL Business address: _____ Phone: _____

Business is a: □ Corporation □ LLC □ Sole-Proprietor □ Partnership □ Other _____

NAME OF PARTNERS, OFFICERS, &/ OR BUSINESS ASSOCIATES ADDRESS PHONE

_____

_____

_____

_____

The conduct of any business activity usually incidental or operated in connection with the principal business at the location indicated of the applicant shall be deemed one business for which only one license shall be required. Applicants shall itemize all incidental, or connected business activities separately, including addresses of any rental property on a separate page.

Local Manager:_____Phone:_____

Describe Business:_____Food/Beverage:_____

If applicable, applicant's vendor license number: _____

If you have **not** previously provided a copy of your vendor's license, please include one with your application.

Number of employees last year: _____ Number of employees this year: _____

All applicants: Do you have current garbage/refuse collection? □ Yes □ No

Who is your service provider? □ Village □ Penn-Ohio □ Major Waste □ Waste Management

Reminder to ALL Businesses:

You are required to register with Central Collection Agency (CCA) for tax filings/payments, you are required to file and pay local income tax for **1.5%** on profits and/or net income, you are required to pay according to law all amounts withheld from employees for taxes, you are required to file and pay all taxes per Federal, State, and Local laws, and you are required to update any business license application information as it changes.

Under penalty of perjury, I hereby certify that all of the information contained herein is true and correct to the best of my knowledge. Further, I hereby declare and affirm that I will:

1) Provide proof of current liability insurance;
2) Provide proof of any other required licenses and/or permits including, but not limited to, vendor's license, food service permits, hotel/motel permits, liquor permits, amusement ride permits, health certificate, merchant mariner license, captains license, etc.
3) Comply with the Geneva-on-the-Lake municipal income tax and income tax codified ordinances in Part One-Administrative Code-Title Nine-Taxation Chapter 181 and 182 and applicable municipal income regulations;
4) Comply with Ohio State Fire Code as implemented through the State Fire Marshall's Office and implemented and enforced by the Geneva-on-the-Lake Fire Department through the Geneva-on-the-Lake Codified Ordinances Part Fifteen-Fire Prevention-Chapter 1501 and other applicable fire safety regulations;
5) Maintain adequate commercial refuse collection on the premises or in support of commercial activity on the premise and maintain compliance of Chapter 951 regulating Garbage & Refuse;
6) When operating a business along Lake Road from the westerly position at the North Broadway transition to Lake Road to the easterly municipal corporation on Lake Road, I shall provide garbage or refuse collection;
   (a) at minimum, one 38 gallon covered litter/trash container within ten feet of the municipal right-of-way on their premises with customer or patron access;
   (b) The litter/trash container shall be entirely closed except for a covered opening or a swinging opening allowing for the deposit of trash/garbage/refuse;
   (c) The container shall be placed during the period from May 15 to September 15 of each calendar year and during all times outside of that period whereas the business is open to customers;
   (d) The applicant shall be responsible for emptying and maintaining the litter/trash container at least once per week and at such other times so as not to be unsightly, create offensive odors, attract rodents or other vermin or otherwise create a nuisance;
7) Comply with the Geneva-on-the-Lake Property Maintenance Code Chapter 1311 of the Village Codified;
8) Conduct business or activity within a permanent building as defined in the Zoning Code.

_____ _____

Signature of Applicant Date Signed

Need assistance with your Geneva-on-the-Lake Municipal Tax Return?

CCA - Division of Taxation has designated specific Auditors to assist you with any Geneva-on-the-Lake municipal income tax matter.

For personalized service, please contact:

Daniel DiVincenzo 216-664-2070 ext.6714

ddivincenzo@clevelandohio.gov

Or

Robert Kobie 216-664-6099

rkobie@clevelandohio.gov

Or you can reach any Auditor by calling: Main office at 216-664-2070
Office Hours: Monday through Friday, 7:30 am to 4:30 pm

To file electronically or print forms please visit http://ccatax.ci.cleveland.oh.us/.

We look forward to assisting you!

WITHHOLDING AND BUSINESS REGISTRATION

CCA - MUNICIPAL INCOME TAX 205 W Saint Clair Ave Cleveland OH 44113-1503

Phone: 216-664-2070, 1-800-223-6317 Fax: 216-420-8316
www.ccatax.ci.cleveland.oh.us

DATE BUSINESS STARTED IN CCA _____ PHONE NO. _____

FEDERAL IDENTIFICATION NUMBER _____

NAME OR CORPORATE NAME _____

BUSINESS OR TRADE NAME _____

BUSINESS ADDRESS IN TAXING COMMUNITY _____

MAILING ADDRESS _____

ADDRESS OF OUTSIDE ACCOUNTANT SHOULD NOT BE USED

****

CHECK BUSINESS TYPE

SOLE PROPRIETOR**	_____	CORPORATION	_____
PARTNERSHIP	_____	LIMITED LIABILITY CO	_____
S-CORPORATION	_____	NON-PROFIT CORP	_____
ESTATE OR TRUST	_____	GOVERNMENTAL	_____
FINANCIAL ORG.	_____	UNION	_____

OTHER _____ (Detail) _____

"IF SOLE PROPRIETOR YOU MUST ALSO COMPLETE INDIVIDUAL REGISTRATION FORM

It is your responsibility to advise this office of any changes in your status

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Will you be withholding employment taxes? Yes--------- No,___ _

For what CCA city(s) _____

More than $100 per month? Yes,___ _ No,___ _

Number of employees in CCA? _____ First payroll date in CCA _____

Will you be withholding residence taxes? Yes,___ _ No,___ _

Type of business (Mfg., Commercial, etc.) _____

Fiscal Period ending month---------- _

Name of person responsible for filing forms:

Name _____ Title _____ Phone No,_____

Signature _____ Date _____