

## **PROCESS FOR NEW BUSINESS START UP IN VILLAGE**

- 1. Fill out the Business Use Certificate Application;**
- 2. Have building inspected by Zoning, Wayne County Building Officials, and Chippewa Township Fire Department. *\* Some uses, i.e., food service, will require a Health Department inspection as well;***
- 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;**
- 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 \_\_\_\_\_

# VILLAGE OF DOYLESTOWN

24 S. Portage Street  
Doylestown, OH 44230  
330-658-2181 ext. 1102 330-658-3838 fax

## BUSINESS REGISTRATION

**PLEASE RETURN THIS REGISTRATION TO THE ADDRESS ABOVE**

BUSINESS NAME:		FEDERAL TAX ID #	
COMPLETE ONLY IF A SOLE PROPRIETOR →		SOCIAL SECURITY #	
STREET ADDRESS:			
CITY:	STATE:	ZIP:	PHONE:
FILING STATUS <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> NON-PROFIT <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> S-CORP <input type="checkbox"/> SOLE PROPRIETOR			
CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE: <input type="checkbox"/> TRANSPORTATION <input type="checkbox"/> NON-MANUFACTURING <input type="checkbox"/> MANUFACTURING <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAIL <input type="checkbox"/> FINANCE <input type="checkbox"/> SERVICES <input type="checkbox"/> PUBLIC ADMINISTRATION <input type="checkbox"/> CONSTRUCTION			

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE		
BUSINESS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

PARTNERSHIP, CORPORATION OR BUSINESS PRINCIPALS OF THE BUSINESS		
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:
NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS		
BUSINESS NAME:		
ADDRESS:		
CITY:	STATE:	ZIP:

WHAT DATE DID YOU BEGIN OR WILL BEGIN OPERATIONS IN THE VILLAGE OF DOYLESTOWN? \_\_\_\_\_  
**IF YOU ARE ESTABLISHING A BUSINESS IN THE VILLAGE, PLEASE COMPLETE THE EMPLOYEE SECTION. IF YOU ARE ONLY WORKING IN THE VILLAGE FOR A SHORT PERIOD OF TIME, PLEASE GO TO THE CONTRACTORS SECTION.**

## **EMPLOYEE SECTION**

DO YOU HAVE EMPLOYEES?  YES  NO

NUMBER OF EMPLOYEES WORKING IN THE VILLAGE OF DOYLESTOWN: \_\_\_\_\_

MONTHLY GROSS PAYROLL AT VILLAGE LOCATION: \_\_\_\_\_

SEND WITHHOLDING FORMS TO		
BUSINESS NAME:	PHONE:	
CARE OF:		
ADDRESS:		
CITY:	STATE:	ZIP:

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## **CONTRACTOR SECTION**

IF YOU ARE A GENERAL CONTRACTOR, ARE SUB CONTRACTOR'S UTILIZED? IF YES, PLEASE COMPLETE THE NEXT PAGE  YES  NO

CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE:

- GENERAL CONTRACTOR
- ELECTRICAL
- HVAC
- PLUMBING
- ROOFING
- FRAMING
- MASONRY
- OTHER \*DESCRIBE: \_\_\_\_\_

BUSINESSES COMPLETING THIS FORM UNDERSTAND THAT THEY MUST FILE THEIR ANNUAL INCOME TAX WITH THE VILLAGE FOR THE TERM IN WHICH THEY ARE CONDUCTING BUSINESS INSIDE THE VILLAGE LIMITS.

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE