

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:

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