



The Village of Doylestown

Zoning Department

24 South Portage Street
Doylestown OH 44230



A VILLAGE WITH VALUES

A TOWN OF TRADITIONS

CONTRACTOR REGISTRATION INSTRUCTIONS

All persons/companies doing work in the Village of Doylestown must be registered with the Village. Enclosed are your registration application forms. A General Contractor's registration does not cover cement, electrical, HVAC, plumbing, excavating/earth moving/sewer, masonry, landscaping, swimming pool or tree service work.

REGISTRATION REQUIREMENTS:

- No person, firm or corporation who enters into a written or oral contract or agreement as a primary or general contractor or subcontractor to supply goods, services and/or labor within the corporate limits of the Village of Doylestown shall do so without first registering with the Village of Doylestown.
- This registration requirement shall not, replace or supersede any applicable state or federal licensing requirement.
- This contractor registration does not apply to such work personally performed by property owners on or to premises in which they own or to persons, assisting property owners, who do not receive compensation of any kind. Individuals under the age eighteen (18) years, who are singularly engaged in the casual employment of a property owner, i.e., lawn care, snow removal, etc., are exempt.
- Income tax registration is required for all individuals age eighteen (18) and older performing work or providing services regardless of gross annual receipts

APPLICATION FOR CONTRACTOR REGISTRATION:

- Application for contractor registration shall be made in writing to the Village Income Tax Office on a prescribed form. Each application from an individual shall include the individual's full name, address, social security number and business address.
- Each application from a partnership, corporation or other business entity shall include the name and address of the business, as well as the names and addresses of the principals of the business:
- In addition, each applicant shall also provide the following information, or documentation, to accompany the application as follows:
 - A current federal tax identification number.
 - Proof of current comprehensive general liability insurance coverage, with a minimum limit of three hundred thousand dollars (\$300,000) each occurrence combined single limit for bodily injury and property damage liability. Coverage must be kept current during the effective life of the registration. Failure to maintain such coverage and provide proof is grounds for suspension or revocation of a registration.
 - Proof of a current Ohio Worker's Compensation Certificate when required by Ohio law.

Phone: 330-658-2181

Web Address: www.doylestown.com

FAX: 330-658-3838

- Proof of compliance with state or federal licensing requirements, if applicable, particularly Chapter 4740 of the Ohio Revised Code, effective July 31, 1992, which requires heating, ventilating and air conditioning, refrigeration, electrical, plumbing and hydronic contractors to be certified by the State of Ohio. Proof of Plumbing License issued by the Wayne County Health Department.
- Any such other information and documentation as the Village may from time to time, require or request.

REGISTRATION FEE:

Before a contractor's registration is granted to any applicant and before any expiring registration is renewed, the applicant shall pay to the Village of Doylestown, a fee of one hundred dollars (\$100.00) for the annual registration and one hundred dollars (\$100.00) to renew an expiring registration. The annual contractor registration and/or renewal shall be for the calendar year. The registration fee or renewal shall be paid to the Zoning Office after obtaining a registration number from the Village Income Tax Office.

ISSUANCE OF REGISTRATION; EFFECTIVE DATE:

- A contractor's registration may be issued to any person who has complied with this Chapter and who otherwise has complied with any applicable State of Ohio and Health Department licensing requirements. However, a registration need not be issued if it is established to the satisfaction of the Zoning Officer or Income Tax Administrator that the applicant has been guilty of facts, things, or practices for which a registration may be suspended or revoked.
- The registration required herein shall become effective on January 1, 2015 and shall be renewed annually on or before December 31st of each year.

REGISTRATION RENEWAL:

Each contractor's registration shall expire on December 31st of each year and shall be renewed only upon application by the holders in compliance with Section 1321.02(b) of this Chapter and payment of the required renewal fee to the Village of Doylestown.

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

