



# The Village of Doylestown

## Zoning Department

24 South Portage Street  
Doylestown OH 44230



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**A VILLAGE WITH VALUES**

**A TOWN OF TRADITIONS**

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## **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 individuals full name, address, social security number and business address.
- In addition, each applicant shall also provide the following information, or documentation, to accompany the application as follow:
- 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.
- 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, 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

Municipality



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.

**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: _____	Federal ID #: _____
Address: _____	SSN : _____ <small>(required if sole proprietor)</small>
City/State/Zip: _____	
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

Please complete and sign this Registration Form and return within 10 business days. Please be advised that failure to timely register with RITA may result in delays in the processing of any required income tax filings or may result in future penalty and interest charges, if applicable. If you have any questions please contact the Registration Department at the number below.



<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
<b>Sub-contractor Name / Address</b>	_____	<b>\$</b>
	<b>Contact Name</b>	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
*If more space is needed, you may attach a separate schedule that includes <b>ALL</b> of the required information listed above.		

RETURN THIS FORM TO THE VILLAGE OF DOYLESTOWN WITH ALL THE ITEMS LISTED IN THE APPLICATION FOR CONTRACTOR REGISTRATION INFORMATION ON PAGE 1.



# VILLAGE OF DOYLESTOWN

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

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## CONTRACTOR SECTION

IF YOU ARE A GENERAL CONTRACTOR, ARE SUB CONTRACTOR'S UTILIZED? IF YES, PLEASE FULLY COMPLETE THE SUB CONTRACTOR INFORMATION ON THE RITA FORM FOLLOWING THIS 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