

BUSINESS REGISTRATION /OCCUPANCY APPLICATION

Village of Holland
1245 Clarion Ave
Holland OH 43528
419-865-7104 FAX 419-866-4795

Name of Business: _____

Street Address: _____ Phone # _____

Mailing Address (if different) _____

Type of Business Activity: _____

Business Owner: _____

Home Address: _____ Phone# _____

Property Owner (if different) _____ Phone # _____

AFTER HOURS EMERGENCY CONTACT INFORMATION

Contact #1: _____ Phone # _____

Contact #2: _____ Phone # _____

Contact #3: _____ Phone # _____

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APPLICANT IS HEREBY ADVISED THAT OCCUPANCY PERMITS ISSUED BY THE VILLAGE OF HOLLAND ARE IN REGARDS TO MEETING ZONING REQUIREMENTS ONLY. OCCUPANCY PERMITS FROM THE CITY OF MAUMEE BUILDING REGULATIONS, SPRINGFIELD TOWNSHIP FIRE DEPARTMENT AND/OR TOLEDO-LUCAS COUNTY HEALTH DEPARTMENT MAY BE REQUIRED BY THE APPLICANT PRIOR TO STARTING OPERATIONS WITHIN THE VILLAGE OF HOLLAND. APPLICANT SHOULD CONTACT THESE AGENCIES DIRECTLY.

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Village of Holland Use Only

Zoning District _____ Date Application Received: _____
Occupancy is: Approved Denied Conditionally Approved
State reasons for conditional approval or denial:

Signature

Date

FEDERAL IDENTIFICATION NUMBER _____

SOCIAL SECURITY NUMBER (COMPLETE ONLY IF A SOLE PROPRIETOR) _____

FILING STATUS: CORPORATION ESTATE/TRUST LLC NON-PROFIT PARTNERSHIP S-CORP. SOLE PROPRIETOR

RITA LOCATION NAME AND ADDRESS AS USED FOR BUSINESS PURPOSES

BUSINESS NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF CORPORATE SUBSIDIARY, GIVE NAME AND ADDRESS OF PARENT COMPANY MAIN OFFICE

BUSINESS NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF SOLE PROPRIETORSHIP, GIVE OWNER'S NAME AND HOME ADDRESS

NAME: _____ PHONE: (_____) _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WHAT DATE DID YOU BEGIN OPERATIONS IN A RITA MUNICIPALITY _____

PLEASE LIST THE COMPANY NAICS CODE OR CHECK THE BOX THAT BEST DESCRIBES THE COMPANY BUSINESS TYPE

NAICS _____ TRANSPORTATION NON MANUFACTURING MANUFACTURING WHOLESALE
 RETAIL FINANCE SERVICES PUBLIC ADMINISTRATION NON CLASSIFICATION

EMPLOYEE INFORMATION

DO YOU HAVE ANY EMPLOYEES? (CHECK ONLY ONE) YES NO ARE CONTRACTORS UTILIZED? (CHECK ONLY ONE) YES* NO
*IF YES COMPLETE REVERSE SIDE.

IF YOU HAVE EMPLOYEES PROCEED WITH EMPLOYEE INFORMATION. IF YOU DO NOT HAVE EMPLOYEES PROCEED TO THE PROFIT/LOSS SECTION.

NUMBER OF EMPLOYEES AT RITA LOCATION: _____ MONTHLY GROSS PAYROLL AT RITA LOCATION: _____

WILL YOU BE WITHHOLDING RESIDENCE TAX ONLY? YES NO

SEND WITHHOLDING TAX FORMS TO

BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE A NON-PROFIT ORGANIZATION STOP HERE AND SIGN AT BOTTOM

PROFIT/LOSS INFORMATION

ENDING DAY OF FISCAL YEAR IF OTHER THAN CALENDAR YEAR _____ / _____ / _____
MONTH DAY YEAR

SEND NET PROFIT TAX RETURN TO

BUSINESS NAME: _____ PHONE: (_____) _____
CARE OF: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

THE INFORMATION HEREBY SUBMITTED IS TRUE AND CORRECT.

SIGNATURE: _____ DATE: _____

PRINT NAME: _____ TITLE: _____ PHONE: _____