



Village of Yellow Springs Solicitor/Itinerant Vendor's License Application

30-Day: \$35

1-year: \$50

Each person involved must file an application.

Applicant's name: _____

Applicant's mailing address: _____

Phone: _____

State ID #: _____ ID State: _____

Activity: _____

To be valid this application must include:

- 1. State-issued photo ID
- 2. Accompanied by a \$35 or \$50 fee
- 3. ID Check
- 4. Chief or Designee Approval

Applicant's Signature: _____ Date: _____

The applicant hereby certifies that all information on and attached to this application is true and correct.

.....
For Village use only:

Date filed: _____ \$35 Fee Paid for 30-day license \$50 one year license

State ID Check Pass Date Passed: _____ / Fail Dispatcher Number: _____

Chief or Designee (SGT) Approval: Pass Date Passed: _____ / Fail

Permit valid starting: _____ Permit expires: _____

License valid for 30 days or 1-year from Chief/Designee approval only.

Updated 4/20/2023 EDT

Solicitor/Itinerant Vendor Permits are required pursuant to Village of Yellow Springs Ordinance 860.01 in effect starting May 3, 2023 (<https://codelibrary.amlegal.com/codes/yellowsprings/latest/overview>).

CHAPTER 860

Solicitors and Itinerant Vendors

860.01 License required; exceptions.

860.02 License issuance and fee.

860.99 Penalty.

860.01 LICENSE REQUIRED; EXCEPTIONS.

(a) Every solicitor of funds or itinerant vendor, not including buskers, of any magazines, medicine, goods, services, wares or anything of value shall, before exposing or offering the same for sale within the Village, procure a license as provided in Section 860.02.

(b) This section shall not apply to any representative of a religious, patriotic, political, charitable or civic organization, or to a child under the age of 17.

860.02 LICENSE ISSUANCE AND FEE.

The Village Chief of Police or duly authorized representative within the department is hereby authorized to grant a license as required by this chapter to any person completing an application therefor. Such license shall be for the duration of the solicitors' or vendors' procurements within the Village, but not longer than 30 days, in any event. The fee shall be thirty-five dollars (\$35.00) per application for a 30-day license and fifty dollars (\$50.00) per application for a one-year license. The Village Chief of Police or duly authorized representative shall require proof of identification and a state-issued photo ID prior to issuing a license.

860.03 DISPLAY OF CREDENTIALS UPON REQUEST.

Every holder of a license issued in accordance with 860.02, when engaged selling goods, wares, merchandise or services upon any lot or land shall, upon the request of any police officer, Village official, or owner or occupant of such lot or land, exhibit for examination his or her credentials issued pursuant to the provisions of this chapter.

860.99 PENALTY.

Whoever violates or fails to comply with any of the provisions of this chapter is guilty of a minor misdemeanor and shall be fined not more than one hundred dollars (\$100.00) for each offense. A separate offense shall be deemed committed each day during or on which a violation or noncompliance occurs or continues.



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.

Municipality

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.

Mail to: RITA
ATTN: BUSINESS REGISTRATION
P.O. BOX 477900
BROADVIEW HEIGHTS, OH 44147-7900

ritaohio.com

Call: 800.860.7482, ext. 5008
TDD: 440.526.5332
Fax: 440.922.3536

Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	Contract Amount
	Phone Number	Estimated Start Date
	EIN or Social Security #	Trade
Sub-contractor Name / Address	_____	\$
	Contact Name	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 ALL of the required information listed above.		

Names:

_____-_____-_____
Primary Social Security Number First Name Middle Last Name

_____-_____-_____
Spouse's Social Security Number First Name Middle Last Name

Primary date of birth: ____/____/____ Spouse's date of birth: ____/____/____

Registration for the city or village of: _____

Current Residence Address Information:

Street No. Street Name Apt. /Suite # PO Box

City / Village State Zip Code

Date you moved to this address: ____/____/____ Contact Phone No. (____) ____-____

Do you own or rent your home? (Please check ✓ one) Own Rent

If renting please give the Landlord's name, address and phone number _____

Previous Residence Address Information:

Street No. Street Name Apt. /Suite # City / Village State Zip Code

Date you moved to this address: ____/____/____

Employment Information: (Check Yes or No, if retired please include date of retirement)

Are you employed? Yes No Is your spouse employed? Yes No

Are you retired and/or have no taxable income? Yes No If Yes, date you retired: ____/____/____

Is your spouse retired and/or have no taxable income? Yes No If Yes, date your spouse retired: ____/____/____

Do you have income reported on Federal Schedules C, E or F? Yes No

Does your spouse have income reported on Federal Schedules C, E or F? Yes No

Do you and/or your spouse own rental property? Yes No (Please list tenant's name, address and date you began renting property. If you have multiple properties, please supply additional information on back or a separate sheet of paper.)

Tenant's First, Last Name and address: _____

Date: ____/____/____