



## CITY OF WADSWORTH SOLICITOR/MOBILE FOOD VENDING LICENSE CHECKLIST

- COMPLETED APPLICATION
- OHIO DEPT. OF TAXATION VENDOR LICENSE (FOOD VENDORS ONLY)
- PROOF OF MEDINA COUNTY HEALTH DEPARTMENT LICENSE (FOOD VENDORS ONLY)
- PHOTO OF ANY VEHICLES TO BE USED IN SOLICITATION OR MOBILE VENDING OPERATIONS
- 2 PASSPORT GRADE PHOTOS OF THE APPLICANT
- PROOF OF PROPERTY OWNER/MANAGER APPROVAL TO USE PRIVATE PROPERTY
- PROOF OF ZONING USE APPROVAL
- FEE
- COMPLETED RITA BUSINESS REGISTRATION FORMS OR PROOF OF ONLINE RITA REGISTRATION. *(You may also file online at <https://eservices.ritaohio.com/webtax/auth/login> and click on Create Account. Please note that Page 2 is for contractors, only.)*

**THE APPLICATION, APPLICATION FEE, AND ALL REQUIRED INFORMATION MUST BE SUBMITTED AT THE SAME TIME.**

### **APPLICATION FEE** *(Cash or Credit Card only)*

\$75 (NON-REFUNDABLE)

It is highly recommended that you review and understand *Ordinance No. 18-024 Chapter 112 Solicitors and Mobile Vendors* to ensure that you are in compliance with the City of Wadsworth's soliciting and mobile vending policies and regulations.

**Applications with ALL required documents and payment must be submitted to:**

City of Wadsworth  
Safety Director's Office  
Licensing Dept.  
120 Maple Street  
Wadsworth, OH 44281

\*Incomplete applications will be returned.

Monday – Friday 8:00 a.m. – 4:30 p.m.  
Phone: (330) 335-2705

**OFFICE USE ONLY**

License # \_\_\_\_\_  
Issue Date \_\_\_\_\_  
Expiration Date \_\_\_\_\_



**SOLICITOR/MOBILE FOOD  
VENDOR  
APPLICATION**

**NEW**                       **RENEWAL**

**TRUCK**                       **TRAILER**                       **PUSHCART**                       **ICE CREAM**

**OWNER INFORMATION**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residential Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Are you legally authorized to work in the United States?     Yes     No

Vehicle Used to Solicit:    Make                      Model                      Year                      Registration #

Have you ever been convicted of a felony and/or misdemeanor?     Yes     No

If yes, list all felony and/or misdemeanor convictions that occurred in the United States within the past seven (7) years:

\_\_\_\_\_

Are you on probation or parole?     Yes     No                      If yes, date began: \_\_\_\_\_

Have you ever been required to register as a sexual offender?     Yes     No                      If yes, date registered: \_\_\_\_\_

Have you had a City of Wadsworth license and/or permit revoked, refused, or suspended within the past three (3) years?  
 Yes     No

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_





## **Income Tax Requirements for Businesses**

The City of Wadsworth is a member of The Regional Income Tax Agency ("RITA".) RITA administers, collects, and enforces the income tax code on our behalf. Any correspondence you receive from RITA should be given your immediate attention.

Attached is the RITA registration form. This will establish your account for city income tax for withholding and net profit reporting. Please complete and return the form to the address on the registration form. Or register at the RITA website: <https://eservices.ritaohio.com/webtax/auth/login> and click on Create Account. After you are registered, you will have access to all your tax information and you may also get tax forms or file online at the RITA web site.

**Please note:** If you are already registered with RITA for another RITA community, you do not need to re-register. Simply be sure to properly allocate the withholding to Wadsworth when you send your remittance to RITA.

The Wadsworth city income tax rate is **1.4%** effective for all qualifying wages paid after January 1, 2012. Usually the taxable wage base for local income tax is the same wage amount as is taxed for Medicare purposes.

The State of Ohio changed the withholding rules as of January 1, 2016. These local withholding requirements are stated in RITA Rules & Regulations Section 4. Please have your payroll department review this document if they are not familiar with the new rules. The RITA Rules & Regulations can be found at the RITA website: [https://www.ritaohio.com/Media/485683/rregs\\_eff-jan-1-2016\\_updated-121815.pdf](https://www.ritaohio.com/Media/485683/rregs_eff-jan-1-2016_updated-121815.pdf).

Your employees who are not Wadsworth residents are not required to file tax returns for the City of Wadsworth provided you are withholding correctly. However, if you employ independent contractors ("1099 employees") for whom you are not withholding Wadsworth income tax, they must file a tax return for the City of Wadsworth and report and pay tax on their net profits earned here. You are not obligated to do so, but *we respectfully ask you to make them aware of this filing requirement.*

Finally, you should consult your tax advisor regarding allocation of net profits and payment of income taxes to the City of Wadsworth for any years during which your company performs work here. All net profits allocated to the City of Wadsworth are taxable at the rate of 1.4% (effective 1/1/2012.)

Please contact us if you have any questions.

Sincerely,

Cindy Nelson  
Income Tax Department  
City of Wadsworth  
330.335.2741

Lorrie Miller  
Income Tax Department  
City of Wadsworth  
330.335.2745

REV. 6/23/2020

120 MAPLE STREET • WADSWORTH, OHIO 44281 • 330-335-1521

WWW.WADSWORThCITY.COM

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:** 440.526.3136

<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.		