

EAST LIVERPOOL INCOME TAX DEPARTMENT

R#

126 West 6th Street

East Liverpool, OH 43920

D#

Ph: 330-385-5437 Fax: 330-386-7865

BUSINESS REGISTRATION FORM

WH#

COMPLETE & RETURN THIS REGISTRATION BEFORE STARTING BUSINESS IN EAST LIVERPOOL

NAME: _____

DBA: _____

BUSINESS ADDRESS: _____

MAILING ADDRESS: _____

TELEPHONE: _____ SECOND PHONE _____

FEDERAL EMPLOYER ID: _____ SS# _____ (required if Sole Proprietorship)

NATURE OF BUSINESS CONDUCTED: _____

DATE STARTED IN EAST LIVERPOOL: _____ INDICATE TYPE: Sole Proprietorship _____ C-Corp _____

ACCOUNTING PERIOD: Calendar year _____

Fiscal year _____

(Fiscal Year end Month _____)

Partnership _____ S-Corp _____

Trust-Estate _____ Non-Profit Corp _____

Non Profit Corp _____ (attach 503C)

Other _____

OWNERS NAME & ADDRESS: _____

Location of Project _____

General Contractor: _____

IF CORPORATE SUBSIDIARY, INDICATE PARENT COMPANY, NAME & ADDRESS: _____

IF PARTNERSHIP, ASSOCIATION OR OTHER BUSINESS VENTURE ATTACH A LISTING OF NAMES & ADDRESSES OF ALL OWNERS.

DO YOU HAVE EMPLOYEES? Yes _____ No _____ (If yes, enter Federal Employee ID# above)

Person responsible for handling withholding: _____

Mailing address for withholding tax forms: _____

_____ Phone: _____

DO YOU USE SUBCONTRACTORS? Yes _____ No _____ If, yes attach a list of all subcontractors working for you in East Liverpool. (Registration is required for all subcontractors before working in East Liverpool, Ohio).

ARE ANY OTHER PERSONS OR BUSINESSES WORKING FOR YOU IN EAST LIVERPOOL? Yes _____ No _____ If yes, attach explanation

DO YOU OPERATE MORE THAN ONE BUSINESS IN EAST LIVERPOOL? Yes _____ No _____ If yes, attach a listing of all locations.

DO YOU MAKE RENT OR LEASE PAYMENTS? Yes _____ No _____ If yes, attach name & address of landlord(s)

DO YOU RENT OR LEASE PROPERTY TO OTHERS? Yes _____ No _____ If yes, attach name & address of tenants(s)

SIGNATURE/TITLE _____ **DATE** _____

Tax Department Comments: _____