

11641 Chester Road – Sharonville, OH 45246-2803

Phone: (513) 563-1169 Fax: (513) 588-3969

CITY OF SHARONVILLE BUSINESS/PROFESSIONAL REGISTRATION FORM

Name of Business _____ Federal ID # / SS # _____

Corporate Address _____ Corporate Phone # _____

_____ Corporate Contact Person _____

Doing Business As _____ E-Mail Address _____

Sharonville Address _____ Suite # _____ Sharonville Phone # _____

Nature of Business _____ Sharonville Contact Person _____

Starting date of Sharonville operation: _____ Accounting Period: Calendar Year

Fiscal Year Ending _____
Month Day

Type of Business: (please check one)

- Sole Proprietorship Partnership S Corporation Corporation Ltd Liability Co Non-Profit

Names of Corporate Officers (if applicable):

President _____ SS# _____

Treasurer _____ SS# _____

Number of employees at Sharonville location:

Reported on W-2's: _____

Number of contractual employee's at Sharonville location:

Reported on 1099's: _____

Partners (if applicable):

Name Address SS#

Do you use a payroll company to submit monthly or quarterly withholding payments? (please check one) Yes No

If yes, list payroll company: _____

Resident Businesses (businesses located in Sharonville): Are the premises in Sharonville rented/leased? (please check one) Yes No

If yes, from whom: _____ Address of lessor: _____

Non-Resident Businesses (contractors, vendors, etc. temporarily conducting business in Sharonville):

Address of Sharonville job site: _____

Please attach a complete listing with addresses and phone numbers of all subcontractors.

I do hereby certify that to the best of my knowledge the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature

Title

Date