



# Business Registration Form 2

City of Port Clinton  
Department of Taxation  
1868 E. Perry Street  
Port Clinton OH 43452  
419-734-5522 Option 4

Business Name \_\_\_\_\_ F.I.N./SS# \_\_\_\_\_

DBA Name (If Different) \_\_\_\_\_

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

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Mailing Address (If Different) \_\_\_\_\_

Type of Business \_\_\_\_\_ Why type of product? \_\_\_\_\_

If rental, why type of Rental? Circle One: Long Term Short Term(More than 28 days) Seasonal/Vacation (Less than 28 days)

Date began operations \_\_\_\_\_ Do You Have Employees? Circle One: Yes No

If Yes, How Many? \_\_\_\_\_ Did you start withholding taxes? Circle One: Yes No

If you answered no, then please provide an explanation as to why payroll taxes are not being withheld

CPA Firm or Person who completes the Income Tax Return (Name, Address & Phone Number)

Person responsible for payroll and withholdings: Name, Address & Phone Number)

Will the entity be filing an Annual Income Tax Return . Please circle one Yes No

If the entity will not filing an income tax return, please indicate the reason \_\_\_\_\_

If business has been purchased please provide previous owner's name, address, phone number and FIN/SS# :

Please check type of business:

Sole Proprietorship-SS# \_\_\_\_\_  Partnership

Association  Corporation

Sub S Corporation  Limited Liability Corporation

Non-Profit (must attach 501 (c) (3))  Other \_\_\_\_\_

If Partnership, S Corp, or other joint venture indicate how Port Clinton city tax on net income is paid:

By business entity

By each individual on proportionate share (attach names and addresses of partners or other owners)

Accounting Period:  Calendar Year  Fiscal Year: From \_\_\_\_\_ To \_\_\_\_\_

CONTRACTORS: Please supply a list of names, addresses & phone numbers of sub-contractors working on this project.

RENTAL: If you own rental property in the Port Clinton city limits, please attach a list of addresses.

If you are renting the building your business is in please attach the name, address and phone number of your landlord.

PARTNERSHIPS: Please supply a list of all partners to include name, address & phone number.

All businesses are required to submit copies of IRS Forms 1099-MISC to Port Clinton Income Tax Department.

The information hereby submitted, including accompanying lists, is true and correct to the best of my knowledge.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Name (Please Print) \_\_\_\_\_ Title \_\_\_\_\_