

City of Port Clinton, Department of Taxation

1868 E. Perry Street, Port Clinton OH 43452
Phone: 419-734-5522, Option 4 - Fax: 419-732-6558
Email: pcincometax@portclinton-oh.gov www.portclinton.com
Michelle Bryant - Tax Commissioner Jennifer Tack - Tax Clerk

PEDDLER'S CERTIFICATION OF REGISTRATION

This form is required to be signed in the presence of either the Tax Commissioner or the Tax Clerk for the City of Port Clinton, Department of Taxation

Name(s):(First Name, Middle Initial, Last Name)	
Doing Business As:	
Doing Business As:(Complete i	f operating as a D.B.A)
Social Security Number(s):	
FID/EIN:	
Telephone Number (H):	
Email Address(s):	
· /	
Has registered withour office prior to co	ommencing business within the City of F
Has registered withour office prior to co	ommencing business within the City of F
Has registered withour office prior to co Clinton, and further agrees to file and p	ommencing business within the City of Foay all necessary taxes when due.
Has registered withour office prior to co Clinton, and further agrees to file and p	ommencing business within the City of Foay all necessary taxes when due. Print Name (Taxpayer 1)