

Hours: 8:00-4:00  
Monday thru Friday

MAILING ADDRESS: PO BOX 9940, CANTON, OHIO 44711  
OFFICE ADDRESS: 424 MARKET N., CANTON, OHIO 44702  
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# Business & Corporation Information Sheet

*Division of Compliance*

City of Canton    JEDD - FP    JEDD - TWR/SS    JEDD - CD    JEDD - SM    JEDD - TSG    JEDD - TGAB

Owner's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Owner's Address \_\_\_\_\_ Social Security Number \_\_\_\_\_

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

Business Name \_\_\_\_\_ FID. Number (if corporation) \_\_\_\_\_

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

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

Nature of Business \_\_\_\_\_

If Subsidiary, List Name of Parent Co \_\_\_\_\_

Type of Ownership (Please Check)

Sole Proprietorship    Partnership    Not-For-Profit Corp    Corporation    Association

Will Your Business Have Employees?    Yes    No   Contract Workers?    Yes    No

Date Started or Moved to Taxing District or Date Business Activity Began in Taxing District \_\_\_\_\_

If partnership, association or other unincorporated joint business venture, please list names and address of all partners, associates or members in venture on back of form. If partnership, will partners file separately?   Yes   No

Accounting Period Used for Federal Income Tax Purpose:

Calendar Year Ending Dec 31   Fiscal Year Ending \_\_\_\_\_

Accountant's Name   Address   City   State   Zip

If you operate any other business within or outside the city of Taxing District, please list below.

Do you pay rent on any offices or buildings in Canton?    Yes    No

Name   Address   City

If yes, please list name(s) & address(es) of landlord(s) \_\_\_\_\_

