

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

MAILING ADDRESS: PO BOX 9940, CANTON, OHIO 44711
OFFICE ADDRESS: 424 MARKET N., CANTON, OHIO 44702
PHONE (330) 430-7900

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) _____

Address where tax forms and other correspondence are to be mailed

Name _____

Care of _____

Address _____

City _____ State _____ Zip _____

Partners, Associates or Members in Joint Venture

<u>Name</u>	<u>Address</u>	<u>City</u>	<u>State</u>	<u>Soc Sec #</u>
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Other Business

<u>Business Name</u>	<u>Address</u>	<u>Nature of Business</u>	<u>Taxing District</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Under penalties of perjury, I declare that I have examined this questionnaire and accompanying documents, and, to the best of my knowledge and belief, the information provided herewith is true, correct, and complete.

Signature _____ Title _____ Date _____