

VILLAGE OF FAIRFAX BUSINESS REGISTRATION/CENSUS FORM

Local office

Recorded name of business _____

Busn. Address _____

Busn. Phone _____ Fax _____ Fed. ID# _____
(SS# if sole proprietor)

Name of owner _____

Owner's resident address _____, _____, _____, _____
street city state zip

Kind of business: Corporation (); S-Corp. (); Partnership (); Sole Proprietor ();
(a) If "other", explain _____

Began or will begin in Village of Fairfax: _____ Mo. _____ Day _____ Year

Number of employees: Full-time _____ Part time _____

What is the nature of the business? _____

Is local office or business a subsidiary of a parent company located in another community/state?

() Yes () No If answer is "yes" please complete the following:

Name of parent company _____
Address _____ City _____ State _____ Zip _____

Contractors and subcontractors: Project name and work location in the Village of Fairfax

Dates expected to work on project _____

If "**courtesy withholding**" for employee living in Village of Fairfax, we need name and address of each resident for verification (4 different "cities" in zip code 45227).

Name _____ Address _____

Name _____ Address _____

For business permanently located in the Village of Fairfax, do you rent or own building/office? _____

Landlord
Name _____ Address _____ Phone _____

If the "owner" is a business entity or other party associated with your Company give:
Corporate Name _____ Fed. ID# _____
Name of responsible party _____ Phone _____

REQUIRED OF ALL: Signature of Officer _____

Title _____ Date _____

RETURN COMPLETED FORM WITHIN 10 DAYS

Village of Fairfax, Attn: Tax Dept., 5903 Hawthorne St., Fairfax (Cinti.), OH 45227

Phone (513) 527-6506 Fax (513) 513-561-5748