



# CITY OF STRUTHERS

## Business Registration

COMPANY NAME	
STREET ADDRESS	
SUITE/UNIT	
CITY, STATE, ZIP	
FEIN	

Have you ever filed taxes in the City of Struthers before? Y  N

If yes, please provide:

COMPANY NAME	
STREET ADDRESS	
SUITE/UNIT	
CITY, STATE, ZIP	
FEIN	

DBA NAME <i>(if different from company name)</i>		
TYPE OF OWNERSHIP		<input type="radio"/> Sole Proprietorship <input type="radio"/> Partnership <input type="radio"/> Corporation <input type="radio"/> Other: _____
Do you have one or more employees?		Y <input type="radio"/> N <input type="radio"/>
Do you expect to have employees in the next 12 months?		Y <input type="radio"/> N <input type="radio"/>
Per the nature of your business, do you hire subcontractors?		Y <input type="radio"/> N <input type="radio"/>
Does your business rent real property from others?		Y <input type="radio"/> N <input type="radio"/>
If yes, where and from whom?	Name: _____ Address: _____	
Do you rent any part of your property for which you are paid rent?		Y <input type="radio"/> N <input type="radio"/>
If yes, to whom?	Name: _____ Address: _____	
Address to which tax forms are to be mailed (if different from business address)		
STREET ADDRESS: _____		
CITY, STATE, ZIP: _____		
PREPARED BY:	_____	SIGNATURE: _____
TITLE:	_____	DATE: __/__/____
EMAIL:	_____	PHONE: _____