

REGISTRATION FORM

ANSWER ALL APPLICABLE QUESTIONS, SIGN AND RETURN

Business Type: Corporation Partnership Individual LLC Religious/Non-Profit

Other: _____ **Products / Services Offered:** _____

Name of Individual: _____

Business Name: _____ **DBA / Owner:** _____

Physical Address: _____

City: _____ **State:** _____ **Zip:** _____

Mailing Address (If different): _____

City: _____ **State:** _____ **Zip:** _____

Telephone: (_____) _____ **Fax:** (_____) _____

Email: _____

Date Operations Start: _____ **Number of Employees:** _____

Federal Tax ID / SSN: _____

Accounting Period: Calendar Year (Jan-Dec) Fiscal Year (Month: _____)

ATTENTION CONTRACTORS: You must provide list of sub-contractors, including addresses!

ATTENTION PARTNERSHIPS: You must provide list of partners, including addresses!

**** There is NO fee to register! ****

- It is understood that operating a business with employees is subject to 1% withholdings from wages and reported quarterly. **Initial:** _____
- Net Profit fees are filed after year end activity at a 1% rate. **Initial:** _____
- If activity is within the CITY LIMITS, then withholdings are withheld for City AND County. **Initial:** _____
- If activity is within the COUNTY LIMITS, then withholdings are withheld for County. **Initial:** _____
- Contractors / Individuals are subject to 1% Net Profit. **Initial:** _____

Please Print Name: _____

SIGNATURE: _____ Date: _____

FOR OFFICE USE ONLY

Tax applies to County Only

Tax applies to City AND County

Account No. _____