



The City of Mount Vernon

Business Application

Business Name

Mailing Address

FEIN / Tax Id

Contact Person

Phone Number

Fax

Email

Please check the boxes that apply to your company:

We are:

For Profit

Non Profit

We will have employees:

Yes

No

We file:

W2's

10-99's

N/A

Our Business is:

Permanent

Seasonal

Temporary

Fiscal Year End

Name and Title

Signature
