

Business & Corporation Information Sheet

Division of Compliance

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 Circle)

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 Canton or Date Business Activity Began in Canton _____

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 Canton, 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) _____

