



NEW BUSINESS REGISTRATION FORM

Name of Business _____ FID/SS# _____

Mailing Address _____ City, State, Zip _____

Montgomery Address _____

Email Address _____ Phone# _____

Contact person _____

Nature of your business: _____

Accounting Period: Calendar _____ Fiscal year ending: Month _____ Day _____

Starting date of business activity in Montgomery: _____ # Employees _____ Approximate Monthly Payroll Amount \$ _____

Non-resident Business (Contractors, Vendors, etc.) temporarily conducting business in Montgomery: → Date Job Started _____

Address of job site: _____

Will you be using subcontractors? _____ *Attach complete listing of all subcontractors, with addresses and phone numbers*

I certify that to the best of my knowledge, the above information is true, correct and complete. Additionally, I understand that all information contained herein is confidential.

Signature

Date

Form may be faxed to 513-891-2994 or emailed to cabner@montgomeryohio.org

City of Montgomery
10101 Montgomery Road
Montgomery, OH 45242

Phone 513-792-8351
www.montgomeryohio.org