

CITY OF BLUE ASH CONFIDENTIAL BUSINESS QUESTIONNAIRE

NAME OF BUSINESS: _____

FEDERAL ID/TIN NUMBER: _____

CORPORATE ADDRESS: _____

CORPORATE PHONE NUMBER: _____

CORPORATE CONTACT PERSON: _____

BLUE ASH ADDRESS: _____ SUITE: _____

BLUE ASH PHONE NUMBER: _____

BLUE ASH CONTACT PERSON: _____

NATURE OF BUSINESS: _____

CONTACT EMAIL ADDRESS: _____

FAX NUMBER: _____

ACCOUNTING PERIOD: _____ CALENDAR YEAR or

(mark one) _____ FISCAL YEAR ENDING _____

TYPE OF BUSINESS (please mark one):

Sole Proprietorship Partnership S Corporation Corporation Ltd. Liability Co. Non-Profit

NAMES OF CORPORATE OFFICERS (IF APPLICABLE):

NUMBER OF EMPLOYEES AT BLUE ASH LOCATION: _____

PRESIDENT: _____ SS# _____

APPROXIMATE MONTHLY PAYROLL: _____

TREASURER: _____ SS# _____

PARTNERS (IF APPLICABLE):

STARTING DATE OF BLUE ASH ACTIVITY: _____

	Name	Address	SS#
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

ARE THE PREMISES IN BLUE ASH RENTED/LEASED? _____

IF YES, FROM WHOM?: _____

NON-RESIDENT BUSINESS (CONTRACTORS, VENDORS, ETC.) TEMPORARILY CONDUCTING BUSINESS IN BLUE ASH:

ADDRESS OF BLUE ASH JOBSITE: _____

ATTACH COMPLETE LISTING WITH ADDRESSES AND PHONE NUMBERS OF ALL SUBCONTRACTORS

I CERTIFY THE ABOVE INFORMATION TO BE TRUE, COMPLETE, AND ACCURATE.

SIGNATURE: _____ TITLE _____ DATE _____