



City of Brunswick, Ohio

Income Tax Department, 4095 Center Rd., Brunswick, OH 44212
330-558-6815

Business Questionnaire

Company Name and Address:

Federal Tax ID# _____

or

Owner's Social Security# _____

Calendar-Year or Fiscal-Year? _____

If Fiscal-Year, ending month? _____

Business Trade Name, if different from above: _____

Nature of Business: _____

Mailing Address, if different from above: _____

Brunswick work location: _____

Landlord, if renting building space: _____

Will you have employees working in the city of Brunswick? _____ If so, how many? _____

Officer's/Owner's Name: _____

Phone: _____

Officer's/Owner's Address: _____

Type of Organization: ___Corporation ___S-Corp ___Sole Proprietor ___Partnership ___Non-Profit Organization

Sole Proprietors, Partnerships, Unincorporated businesses, provide names, addresses, and social security numbers of all owners (use back if additional space is needed)

:

List the name and address of any sub-contractors that you will use on the back.

Signed: _____

Date: _____

Print Name and Title: _____