

**CITY OF NEW CARLISLE**

**DIVISION OF TAXATION**

**P O BOX 419**

**NEW CARLISLE OH 45344-0419**

**(937) 845-9492 FAX (937) 845-2338**

**BUSINESS REGISTRATION**

NAME OF BUSINESS \_\_\_\_\_

BUSINESS ADDRESS \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

NAME OF BUSINESS OWNER \_\_\_\_\_

TELEPHONE # \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

FEDERAL ID # \_\_\_\_\_

# OF EMPLOYEES \_\_\_\_\_

FISCAL OR CALENDAR YEAR CALENDAR\_\_\_ FISCAL\_\_\_ ENDING\_\_\_

NATURE OF BUSINESS \_\_\_\_\_

IF SHORT TERM OR ONE TIME ONLY PROJECT :

LOCATION: \_\_\_\_\_

APPROXIMATE LENGTH OF PROJECT: FROM \_\_\_\_\_ TO \_\_\_\_\_

\_\_\_\_\_  
AUTHORIZED SIGNATURE

\_\_\_\_\_  
DATE