

**CITY OF BROOK PARK BUSINESS & CORPORATION REGISTRATION FORM**

DATE MOVED/STARTED IN CITY \_\_\_\_\_ **FED. I.D. NO.** \_\_\_\_\_  
LOCAL BUS. NAME \_\_\_\_\_ **SOC. SEC. NO.** \_\_\_\_\_  
LOCAL BUS. ADDRESS \_\_\_\_\_ **CORP. PHONE NO.** \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ **ACCOUNT PERIOD USED FOR**  
**FEDERAL INCOME TAX CALENDER**  
CORP. NAME \_\_\_\_\_ **YEAR** \_\_\_\_\_  
CORP. ADDRESS \_\_\_\_\_ **FISCAL YEAR MONTH END** \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
OWNER'S NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
LOCAL PHONE NO. \_\_\_\_\_

**NATURE OF BUSINESS** \_\_\_\_\_  
If subsidiary, list name of parent Co. \_\_\_\_\_

Type of ownership: \_\_\_ Individual Proprietorship \_\_\_ Corp \_\_\_ Partnership \_\_\_ Non-Profit \_\_\_ Assoc.  
Does your business have employees? \_\_\_\_\_ Number in Brook Park \_\_\_\_\_  
Is payroll tax remitted for resident employee/s? (RESIDENCY TAX) \_\_\_ YES \_\_\_ NO  
Has company previously filed under another name? \_\_\_\_\_ Provide Name \_\_\_\_\_  
If partnership, association or other unincorporated joint business venture, list names, and addresses of all partners, statutory agents, associates or members in the venture. If partnership, will partners file separately? \_\_\_ YES \_\_\_ NO

**NAME ADDRESS CITY STATE ZIP S.S. NO.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Accountant's Name \_\_\_\_\_ Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

Do you own property in Brook Park? \_\_\_ YES \_\_\_ NO

If answer is Yes, list property location \_\_\_\_\_

Do you pay rent on any offices or building in Brook Park? \_\_\_ YES \_\_\_ NO

If answer is Yes, list name(s) & address(es) of Landlord(s) \_\_\_\_\_

**Mail Business Net Profit Tax Returns to:**

Name \_\_\_\_\_

Care of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Mail Employer Withholding Forms to:**

Name \_\_\_\_\_

Care of \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ Zip \_\_\_\_\_

**Supplemental Information – Brook Park Resident Companies must complete this section:**

P.U.C.O. Number \_\_\_\_\_ (Attach Authorization) 401(k) Plan YES \_\_\_ NO \_\_\_

Outside Landscaping Service \_\_\_\_\_

Waste Removal Service \_\_\_\_\_

Outside Janitorial Service \_\_\_\_\_

**I HEREBY CERTIFY THAT ALL INFORMATION AND STATEMENTS HEREIN ARE TRUE AND CORRECT.**

Signature (Type or Print) \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

**ALL INFORMATION PROVIDED ON THIS FORM IS CONFIDENTIAL AND IS USED FOR CITY INCOME TAX PURPOSES ONLY.**