



City of Brook Park – Tax Department

6161 Engle Rd
Brook Park, OH 44142
(216) 433-1533

TaxDepartment@CityofBrookPark.com



CITY OF BROOK PARK BUSINESS & CORPORATION REGISTRATION FORM

DATE MOVED/STARTED IN CITY \_\_\_\_\_ FED ID NO \_\_\_\_\_

LOCAL BUS. NAME \_\_\_\_\_ PHONE NO \_\_\_\_\_

LOCAL BUS. ADDRESS \_\_\_\_\_
CITY STATE ZIP

CORP NAME \_\_\_\_\_

CORP ADDRESS \_\_\_\_\_
CITY STATE ZIP

OWNERS NAME \_\_\_\_\_

OWNERS ADDRESS \_\_\_\_\_
CITY STATE ZIP

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

DOES EMPLOYEE WORK FROM HOME? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes employees address:

\_\_\_\_\_
CITY STATE ZIP

Does your business have employees? YES \_\_\_\_\_ NO \_\_\_\_\_ Number in Brook Park \_\_\_\_\_

Mail Employer Withholding forms to:

Name: \_\_\_\_\_ Care of: \_\_\_\_\_

Address: \_\_\_\_\_
CITY STATE ZIP

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

Signature Title Date

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