

COMPLETE ALL AREAS SHADED IN GREEN

Before you open for business, please call our office to schedule an occupancy inspection.

↑ Property Address/Location ↑

(Print)
(Signature)

↑ Applicant Name (Please Print & Sign) ↑

↑ Tenant/Business Name *****MORAINE LOCATION***** (Please Print) ↑

↑ Contact Name, Title ↑

↑ Contact Number(s) ↑

↑ Address ↑ City, State, Zip ↑

↑ Fax Number ↑

↑ Email ↑

↑ Website ↑

↑ Product/Service ↑

↑ Employees (Full-Time) ↑ Employees (Part-Time) ↑

↑ Building Owner/Corporation **MORAINE LOCATION** (Please Print) ↑

↑ Contact Name, Title ↑

↑ Contact Number(s) ↑

↑ Address ↑ City, State, Zip ↑

↑ Fax Number ↑

↑ Email ↑

Additional Contact Information

↑ Name, Title ↑

↑ Contact Number(s) ↑

Business information if currently located outside the City

↑ Owner/Corporation Name ↑

↑ Contact Name ↑ Contact Number ↑

↑ Address ↑ City, State, Zip ↑

↑ Email ↑

↑ Employees (Full-Time) ↑ Employees (Part-Time) ↑

Building Use & Occupancy Classification
(per 2007 Ohio Building Code) Please Circle One

Assembly	A-1	A-2	A-3	A-4	A-5
Business	B				
Educational	E				
Factory Industrial	F-1	F-2			
High Hazard	H-1	H-2	H-3	H-4	H-5
Industrial	I-1	I-2	I-3		
Mercantile	M				
Residential	R-1	R-2	R-3	R-4	
Storage	S-1	S-2			
Utility/Misc.	U				

OFFICE USE ONLY-DO NOT COMPLETE

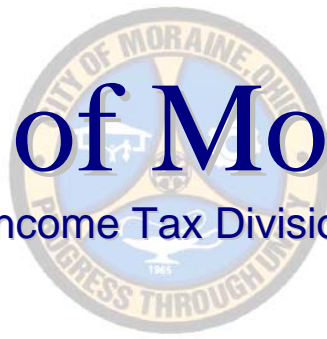
City Lot # _____ Application Date _____ Application # _____ Yes No _____
 Approved Anthony B. Wenzler, Building & Zoning Administrator

Occupancy Inspection Date _____ Approved (Yes/No) _____ Permit Date _____ Permit # _____

Permit Closed in BDS _____ Paperwork Scanned _____ Destruction Date _____

City of Moraine

Income Tax Division



BUSINESS AND PROFESSIONAL QUESTIONNAIRE

For the purpose of our records, with regard to City of Moraine income tax, please complete and return this questionnaire promptly to the address below.

Date Business began in Moraine: _____

Company Name/ DBA: _____

Local Address: _____

City/State/Zip: _____

(If different than local information)

Corporate Name: _____

Corporate Address: _____

City/State/Zip: _____

Contact Name: _____

Contact Title: _____

Contact Number: _____

Contact Email: _____

Calendar/ Fiscal Year End Date: _____

SSN # / Federal ID Number: _____

Nature of Business: _____

Please check type of ownership:

_____ Sole Proprietorship

_____ Corporation

Type of Corporation:

_____ Limited Liability

_____ S Corp

_____ C Corp

_____ Nonprofit Corporation

_____ Other _____

_____ Partnership

City of Moraine income taxes due on net profit earnings will be filed: (Please check one)

_____ In full by the business

Separately by owners on their personal income tax return.

List owner's SSN# and address on the back of this form for account set-up.

_____ Other (Please state type of ownership below)

Address to which tax forms are to be mailed:

Net Profit:

(Quarterly Estimates are Required.)

_____ Check here if same as location address above

Withholdings:

(Quarterly filing threshold is \$100 or less a month.)

_____ Check here if same as location address above

_____ Check here if a payroll service will report.

Employees:

How many people do you employ who work in the City of Moraine? Local Address: _____

Yes / No If you answered 0 to the previous question, do you plan to have employees in the City of Moraine in the future?

Are you withholding a residential/courtesy income tax from any of your employees that live in Moraine?

Yes / No Date Began: _____

Residential Businesses Only:

Do you rent or own the building in which your business is conducted?

_____ Own

_____ Rent

Landlord's name: _____

Business Address: _____

***** Make sure you check with our Community Development Department at (937) 535-1030 for any/all permit requirements you may have for occupancy/work performed within the City of Moraine. *****