

76 E. High St. Springfield, OH 45502
Phone (937) 324-7357 Fax: (937) 328-3471
EMail: dhill@ci.springfield.oh.us

Approved By _____
Date _____

BUSINESS QUESTIONNAIRE

Name & address of all owners, partners, or principal corporate officers

Table with 4 columns: NAME, ADDRESS, SSN, TELEPHONE

TYPE OF BUSINESS Sole Proprietor Partnership Corporation Other (specify) _____

Charter Number _____

Business Name _____

Nature of Business _____

HOME OFFICE Address _____
Phone _____ Fax _____
E-Mail _____
Contact person _____

SPRINGFIELD LOCATION

Date business started in Springfield _____

Date employees began _____ Approximate Number _____

Local business address _____

ACCOUNTING INFORMATION Federal Identification Number _____

Social Security Number (if sole proprietorship) _____

Calendar Year _____ or Fiscal Year Ending _____

Name/address of bookkeeper/accountant _____

Please indicate payroll company, if applicable: _____

Will other payments be made for services rendered? Yes _____ No _____

If yes please note type: Commissions, Bonuses, Subcontractors, Director's Fees, or Other (specify): _____

TO BE COMPLETED BY CONTRACTORS AND/OR SUBCONTRACTORS

Name and address of party from whom contracted _____

Location of job _____

Probable length of job: From _____ To _____

Are you or will you be subcontracting any work to someone else? Yes _____ No _____

If "yes", attach list of names, addresses, type of work, amount paid *

Are you now or will you be doing more than one job in Springfield? Yes _____ No _____

Are you licensed by the City of Springfield Building Inspector? Yes _____ No _____

If yes, please give name and address of individual licensed _____

RESPONDENT'S NAME

TITLE

DATE

Your Springfield account number will be assigned and e-mailed or faxed to you within 2 business days.

ACCOUNT NUMBER _____