

Village of Byesville

221 East Main Street

PO Box 8

Byesville, Ohio 43723

740-685-0800 ext: 3

Fax: 740-685-8633

Email: Vvargeson@byesvilleOH.GOV



Business Registration Form

NAME: _____
FED ID # _____
ADDRESS _____
CITY, STATE, ZIP _____
PHONE# _____

Local name and address used for business purposes if different than above:

Trade Name - _____

Date started in the Village of Byesville _____

Location in The Village of Byesville - - _____

IS THIS A COURTESY WITHHOLDING ACCOUNT FOR RESIDENT EMPLOYEES ONLY? _____ (If so, please fill out and return Withholding form also)

Do you employ any persons working within the Village of Byesville? _____

If so, how many? _____

Accounting period used for Income Tax purposes: Calendar year ending December 31 _____ (If fiscal year, write ending date) Fiscal Year ending _____

• If partnership, association, or other unincorporated joint business venture, indicate how the net profit Byesville Income Tax return will be filed and paid. _____

In full by the business or separately by the individual members on proportionate shares.

List names and address of partners _____

• If individual proprietorship, indicate name, address and social security number of owner: _____

• With reference to real estate properties located WITHIN the Village of Byesville: Does the business occupy, as tenant, _____ If so, to whom is rent paid? (Give owners name and address). _____

Does the Business rent or lease properties in the Village of Byesville? _____
(If yes please fill out and return the Landlord Form and Spreadsheet.)

The information hereby submitted is true and correct. _____

Name _____

Phone No. _____

(Signature) _____

(Printed name and title) _____

