

Sole Proprietor Name: ___

CITY OF DUBLIN BUSINESS REGISTRATION

The information requested on this form is essential to the establishment of your account and will be held in strictest confidence. Please complete and return this form to the City of Dublin Division of Taxation. The form can be mailed to P.O. Box 9062, Dublin OH 43017-0962. You may also fax it to 614-410-4956 or email it to taxinfo@dublin.oh.us. If you have any questions, contact our office at 614-410-4460.

		Today's Date:		
Business Name		Federal EIN		
DBA:				
Mailing Address			State_	Zip _
CONTACT PERSON FOR ACCO				
Phone	FAX	Email	l	
LOCATION	N OF BUSINESS WITH	IN THE CITY OF	DUBLIN (REQUI	RED)
☐ Check here if setting up according Dublin Address Checker availocation of business in Dublin a	ilable on our website, <u>www.di</u>	ublintax.com). If you or	nly have employees wor	king from home; the
Date Operations began in Dublin			# of Employees i	n Dublin
Dublin Address				
Local Phone				
	WIT	HHOI DINC		
		HHOLDING		
PLEASE CHECK THE APPROP	RIATE BOX:	Federa	l EIN	
		_		
Business performs no work in	the City of Dublin. We will be v	vithholding additional tax		urtesy (up to 2.0% rate
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