



## APPLICATION FOR: Certificate of Zoning Compliance:

This application is for the Occupancy of any newly erected building, substantially reconstructed, enlarged, vacant space, use of any space by a prior business, discontinued space of more than thirty days or occupancy or use of existing vacant land.

Type of Project: - Zoning Occupancy (\$50 Fee) -Business Name Change Only (No fee) -Home Occupation (\$25 Fee)

Proposed Type of Use: \_\_\_\_\_

*Example: Retail store, Bank, Professional Office, Restaurant, etc.*

Name of Business: \_\_\_\_\_

Applicant/ Contractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a New Tenant? -Yes -No Total Sq. Ft. being occupied: \_\_\_\_\_

Total Sq. Ft. of Building: \_\_\_\_\_

Total number of Employees: \_\_\_\_\_ Hours of Operation: \_\_\_\_\_

Total number of Parking spaces: \_\_\_\_\_ Shared Parking provided? -Yes -No

Previous Tenant/ Use of the space: \_\_\_\_\_

Equipment/ Materials to be on site: \_\_\_\_\_

**Signage requires a separate permit(s).**

**New businesses are required to complete and file a Business Income Tax Questionnaire.  
Hotels/Motels are required to submit a Transient Occupancy Tax Form in addition to a Tax Questionnaire.**

By signing this application, I acknowledge that I am authorized by the owner to make this application. The information presented is accurate. I agree to allow City of Troy employees to enter the property in order to complete necessary inspections. I agree to conform to all applicable laws of the City.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

100 South Market Street, Troy, OH 45373-7303

*Make it yours.*



**City of Troy Income Tax Division**

100 S Market St, Troy OH 45373

Phone (937) 339-3861 Fax (937) 440-1352

**BUSINESS QUESTIONNAIRE**

TROY'S TAX RATE IS 1.75%

The following information will assist us in determining your liability to the City of Troy and to determine your filing requirements. Please answer questions fully and return this questionnaire to the address shown above. The information provided will assist us in establishing the proper tax accounts for your business. If you have any questions concerning this questionnaire, or about the municipal income tax, please do not hesitate to contact us.

**GENERAL INFORMATION**

Business Name: \_\_\_\_\_ Trade Name (if different): \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Home Office Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Troy Location (if different): \_\_\_\_\_ Phone: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_ or Owner's Soc Sec Number: \_\_\_\_\_

Type of Organization:  Sole Proprietor  Corporation  Partnership  Other: \_\_\_\_\_

Date business began in Troy: \_\_\_\_\_

**EMPLOYEE WITHHOLDING INFORMATION**

Date employees began working in Troy: \_\_\_\_\_ Number of employees working in Troy: \_\_\_\_\_

Are you a non-resident employer withholding for resident employees only? \_\_\_\_\_ (Courtesy Withholding)

Date Courtesy Withholding began: \_\_\_\_\_ Number of employees subject to Courtesy Withholding: \_\_\_\_\_

Location where work is actually performed: \_\_\_\_\_

**ACCOUNTING INFORMATION**

Accounting Period: \_\_\_\_\_ Calendar Year or \_\_\_\_\_ Fiscal Year (Month ending: \_\_\_\_\_)

Name, address and phone number of bookkeeper / accountant: \_\_\_\_\_

Name and address of all owners, partners or principal corporate officers:

NAME	ADDRESS	SSN	PHONE #

**CONTRACTOR AND SUBCONTRACTOR INFORMATION**

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 portion of the work to someone else? \_\_\_\_\_ (Yes or No)

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

Completed By

Title

Date

Phone Number

E-Mail