Troy Development Department
www.troyohio.gov
937.339.9481

OCCUPANCY PERMIT APPLICATION:

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.

Proposed Address: _____

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: _____

City of Troy Income Tax Division **BUSINESS QUESTIONNAIRE**

100 S Market St, Troy OH 45373
Phone (937) 339-3861 Fax (937) 440-1352

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