

# VILLAGE OF HEBRON BUSINESS REGISTRATION

VILLAGE OF HEBRON  
934 WEST MAIN STREET  
HEBRON, OHIO 43025  
TELEPHONE: 740/928-3641 FAX: 740/928-5104  
TAX RATE: 1.5%  
EMAIL: [mindy.kester@hebronvillage.org](mailto:mindy.kester@hebronvillage.org)

The information requested on this form is essential to the establishment of your account. Please complete and return it to the Village of Hebron Tax Department, 934 W. Main Street, Hebron OH 43025 within 10 days. If you have any questions please contact our office at 740-928-3641. If you would prefer to fax the form do so at 740-928-5104.

COMPANY NAME: \_\_\_\_\_ EIN: \_\_\_\_\_

DBA: \_\_\_\_\_

LOCATION OF BUSINESS IN THE VILLAGE OF HEBRON: \_\_\_\_\_  
\_\_\_\_\_

MAILING ADDRESS IF DIFFERENT FROM ABOVE: \_\_\_\_\_  
\_\_\_\_\_

FORM OF BUSINESS:  SOLE PROPRIETOR  PARTNERSHIP  CORPORATION  S-CORP  OTHER \_\_\_\_\_

NUMBER OF EMPLOYEES WORKING AT THIS SITE: \_\_\_\_\_

DATE SERVICE/WITHHOLDING WILL BEGIN IN VILLAGE: \_\_\_\_\_

IS YOUR COMPANY PERFORMING WORK WITHIN THE VILLAGE **OR** ARE YOU ESTABLISHING A COURTESY WITHHOLDING FOR AN EMPLOYEE? (CHOOSE ONE) \_\_\_\_\_

IF YOU ARE WITHHOLDING AS A COURTESY FOR AN EMPLOYEE, PLEASE LIST THE NAME AND ADDRESS OF THE HEBRON RESIDENT THAT YOU ARE WITHHOLDING FOR: \_\_\_\_\_  
\_\_\_\_\_

PLEASE INDICATE THE FREQUENCY OF WITHHOLDING:

QUARTERLY (under \$200.00/month)

MONTHLY (over \$200.00/month)

SEMI-MONTHLY (over \$1000.00/month)

IF YOUR PAYROLL PROVIDER REQUIRES VERIFICATION OF YOUR HEBRON ACCOUNT NUMBER, FAX THEM A COPY OF THIS FORM TO VERIFY HEBRON USES YOUR EIN AS OUR ACCOUNT NUMBER.

CONTACT PERSON: \_\_\_\_\_ PHONE #: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT, TO THE BEST OF OUR KNOWLEDGE.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE