

# APPLICATION FOR BUSINESS REGISTRATION

2026

## VILLAGE OF GREENHILLS

11000 Winton Road, Greenhills, OH 45218 – (513) 825-2100

Date of Submission: \_\_\_\_\_

***To be submitted to Greenhills prior to operating a business in Greenhills and annually thereafter during the month of December.***

*New Business:* \_\_\_\_ *Renewal:* \_\_\_\_

### SECTION A. BUSINESS INFORMATION

Business Owner's Name: \_\_\_\_\_

Business Owner Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Business Owner Email: \_\_\_\_\_

Business Owner's Present Occupation and place of business: \_\_\_\_\_

Length of Time in Business listed above: \_\_\_\_\_

Name of Business in Greenhills: \_\_\_\_\_

D/B/A Name (if different): \_\_\_\_\_

Greenhills Business Address: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Anticipated Greenhills Opening Date: \_\_\_\_\_

Hours of Operation: \_\_\_\_\_

Type of Entity:  Corporation  Partnership  Proprietorship

Other (specify): \_\_\_\_\_

Name of each officer, partner or business associate: \_\_\_\_\_

Federal Tax ID# or SS#: \_\_\_\_\_

Hamilton County Vendor License # (for business listed above): \_\_\_\_\_

*(A copy of the Vendor's License must be attached to this application)*

Local Manager Name and Address: \_\_\_\_\_

Manager Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

## SECTION B. BUSINESS OPERATIONS

Provide a detailed description of the nature of the business that should include an explanation of all types of business, occupations and activities to be conducted, including type of merchandise to be sold and/or services provided (attach additional pages if necessary).

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Identify which two types of goods or services will likely generate the most revenue:

1. \_\_\_\_\_
2. \_\_\_\_\_

Have you ever made a previous application to the Village of Greenhills for a business license or registration for the business described in this application or any other business?  Yes  No

If yes, the application was:  Approved  Denied

Describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever made a previous application to another municipality for a business license or registration for the business described in this application or any other business?  Yes  No

If yes, the application was:  Approved  Denied

Describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a business license revoked or suspended?  Yes  No

If yes, the application was:  Approved  Denied

Describe the circumstances: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name & Address of Business: \_\_\_\_\_

SECTION C. EMERGENCY INFORMATION AND SIGNATURES

Name(s) of Emergency Contact(s):

Owner: \_\_\_\_\_ Telephone #: \_\_\_\_\_

2<sup>nd</sup> Call Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

3<sup>rd</sup> Call Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

After Hours Telephone #: \_\_\_\_\_

The undersigned, \_\_\_\_\_, (the “Business Owner”) is authorized to sign this document on behalf of the business identified in this application. The Applicant swears and affirms that he/she/they will not violate any code, ordinance or regulation of the Village or the laws of the State of Ohio or the United States of America in the conduct of the place of business described in this application. The Applicant understands that any violation of any laws or ordinances applicable to the business, or violation of any condition placed on the issuance of any business license, may result in the suspension or revocation of the license or registration and imposition of other penalties as may be provided by law. The Applicant swears and affirms they have not knowingly made any false statements or representations in this application and that the contents of this application are complete, true and correct to the best of his/her/their knowledge and belief.

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

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

Printed Name: \_\_\_\_\_ Printed Name: \_\_\_\_\_

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

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

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***For Office Use Only***

Municipal Manager’s Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Paid: \_\_\_\_\_ Date paid: \_\_\_\_\_ Check/Cash/Credit Receipt #: \_\_\_\_\_

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