

NAME					
Owner or person completing application	n				
DOING BUSINESS AS					
Registered n	ame of business				
CRETE ADDRESS					
Physical address					
Mailing address		City	State	Zip	
BUSINESS PHONE NUMBER _					
AFTER HOURS PHONE NUMB	ER				
EMAIL Local contact					
CORPORATE OFFICE ADDRES (N/A if no corporate address)	SS Mailing address	City		State	Zip
NEBRASKA SALES TAX NUMB	ER				
FEDERAL TAX IDENTIFICATIO	N NUMBER				
STATE PERMIT REQUIRED? Circle one	Yes No				
STATE PERMIT NUMBER					
FEDERAL PERMIT REQUIRED	? Yes No				
FEDERAL PERMIT NUMBER					
NATURE OF BUSINESS COND	UCTED				
		DATE			
SIGNATURE Owner or person completing	g application	_ DATE			
2023 Current Business fee: \$20.00					
Please include fee and return to:	Crete City Clerk PO Box 86 Crete NE 68333				
For City use only		ermit Number:			
Processed by:		Date:			