

Owner or person completing application					
DOING BUSINESS AS					
Registered	d name of business				
CRETE ADDRESS					
Physical address					
Mailing address		City	State	Zip	
BUSINESS PHONE NUMBER					
EMAIL					
CORPORATE OFFICE ADDRESS	3				
	Mailing address	City		State	Zip
NEBRASKA SALES TAX NUMBE	R				
FEDERAL TAX IDENTIFICATION	NUMBER				
STATE PERMIT REQUIRED?	Yes No				
Check one STATE PERMIT NUMBER					
FEDERAL PERMIT REQUIRED?	Yes No				
FEDERAL PERMIT NUMBER					
NATURE OF BUSINESS CONDUCTED					
		DATE			
SIGNATURE Owner or person completing a		_DATE			
	Crete City Clerk PO Box 86 Crete NE 68333				
City use only:	Permit Number:				
Processed by:	Date:				