

NAME	
Owner or person completing application	
DOING BUSINESS AS	
Registered name of business	
CRETE ADDRESS	
Physical address	
Mailing address City Sta	ate Zip
BUSINESS PHONE NUMBER	
EMAIL	
Local contact	
CORPORATE OFFICE ADDRESS	
Mailing address City	State Zip
NEBRASKA SALES TAX NUMBER	
FEDERAL TAX IDENTIFICATION NUMBER	
STATE PERMIT REQUIRED? Yes No	
Check one STATE PERMIT NUMBER	
FEDERAL PERMIT REQUIRED? Yes No Check one	
FEDERAL PERMIT NUMBER	
NATURE OF BUSINESS CONDUCTED	
SIGNATURE DATE Owner or person completing application	
2022 Current Business fee:\$10.002022 New Business fee:\$20.00	
Please include fee and return to: Crete City Clerk PO Box 86 Crete NE 68333	
City use only: Permit Number:	
Processed by: Date:	