

NAME					
Owner or person completing application	วท				
DOING BUSINESS AS					
	ame of business				
CRETE ADDRESS					
Physical address					
Mailing address		City	State	Zip	
BUSINESS PHONE NUMBER _					
AFTER HOURS PHONE NUMBI (in case of emergency)	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				
SIGNATURE Owner or person completing	g application	DATE			
2023 Current Business fee: \$20.00	3				
Please include fee and return to:	Crete City Clerk PO Box 86 Crete NE 683	33			
For City use only	Permit Number:				
Processed by:		Date:			