



City of Crete Nebraska
Business Registration Application
Crete City Code §10-305

NAME _____
Owner or person completing application

DOING BUSINESS AS _____
Registered name of business

CRETE ADDRESS _____
Physical address

Mailing address City State Zip

BUSINESS PHONE NUMBER _____

EMAIL _____
Local contact

CORPORATE OFFICE ADDRESS _____
Mailing address City State Zip

NATURE OF BUSINESS CONDUCTED _____

CHECK LIST:

NEBRASKA SALES TAX PERMIT	Yes	No	
FEDERAL TAX IDENTIFICATION NUMBER	Yes	No	
STATE PERMIT (If Required)	Yes	No	N/A
FEDERAL PERMIT (If required)	Yes	No	N/A

SIGNATURE _____ DATE _____
Owner or person completing application

Business fee: See Master Fee Schedule
Partial Year Business fee: Pro-rated
Please include fee and return to: Crete City Clerk
PO Box 86
Crete NE 68333

City use only: Permit Number: _____

Processed by: _____ Date: _____