



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

PERMIT YEAR _____

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 _____

AFTER HOURS PHONE NUMBER _____
(in case of emergency)

EMAIL _____
Local contact

CORPORATE OFFICE ADDRESS _____
(N/A if no corporate address) Mailing address City State Zip

NEBRASKA SALES TAX NUMBER _____

FEDERAL TAX IDENTIFICATION NUMBER _____

STATE PERMIT REQUIRED? Yes No
Circle one

STATE PERMIT NUMBER _____

FEDERAL PERMIT REQUIRED? Yes No

FEDERAL PERMIT NUMBER _____

NATURE OF BUSINESS CONDUCTED _____

SIGNATURE _____ DATE _____
Owner or person completing application

Year _____ Current Business fee: \$20.00

Please include fee and return to: Crete City Clerk
PO Box 86
Crete NE 68333

For City use only Permit Number: _____

Processed by: _____ Date: _____