

NAME					
Owner or person completing application					
DOING BUSINESS AS					
Registered nar	me of business				
CRETE ADDRESS					
Physical address					
Mailing address		City	Sta	te Zip	
BUSINESS PHONE NUMBER					
AFTER HOURS PHONE NUMBE (in case of emergency)	R				
EMAIL					
Local contact					
CORPORATE OFFICE ADDRES (N/A if no corporate address)	S Mailing address		City	State	Zip
NEBRASKA SALES TAX NUMBE	R				
FEDERAL TAX IDENTIFICATION	I NUMBER				
STATE PERMIT REQUIRED? Circle one	Yes	No			
STATE PERMIT NUMBER					
FEDERAL PERMIT REQUIRED?	Yes	No			
FEDERAL PERMIT NUMBER					
NATURE OF BUSINESS CONDU					
SIGNATURE		DATE			
2025 Current Business fee: \$20.00					
	Crete City Clerk PO Box 86 Crete NE 683	33			
For City use only	Permit Number:				
Processed by:		Date:			