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RENEWAL APPLICATION for Regulated Businesses

This application is for administrative use in determining occupational taxes only.
It does not grant any rights to operate a business contrary to any City ordinances, including zoning ordinances.
PLEASE TYPE OR PRINT CLEARLY – INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED

LEGAL BUSINESS NAME: _____

TRADE NAME (DBA): _____

BUSINESS LOCATION: _____
STREET ADDRESS SUITE/UNIT ZIP

TAX PARCEL ID NUMBER: _____ - _____ - _____ - _____ Website: _____

APPLICANT: _____

APPLICANT IS: Business Owner Manager/Employee Agent for Business Owner

APPLICANT EMAIL: _____ PHONE: _____

NAICS Code: _____ **Look up your six (6) digit NAICS code** for your business at www.naics.com

<u>Tax Class 1 – Tax Rate</u>	<u>Tax Class 2 – Tax Rate</u>	<u>Tax Class 3 – Tax Rate</u>	<u>Tax Class 4 – Tax Rate</u>
(Gross Receipts) .0003	(Gross Receipts) .0004	(Gross Receipts) .0005	(Gross Receipts) .0006
Wholesale Trade (42)	Other Services (81)	Finance & Insurance (52)	Mining (21)
Retail Trade (44-45)	Utilities (22)	Agriculture, Forestry, Fishing &	Real Estate, Rental & Leasing (53)
Health Care & Social Assistance (62)	Transportation & Warehousing (48-49)	Hunting (11)	Management of Company &
Admin & Support, Waste Mgt. &	Accommodation & Food Service (72)	Manufacturing (31-33)	Enterprise (55)
Remediation Services (56)	Professional, Scientific & Technical	Arts, Entertainment & Recreation (71)	Information (51)
Construction (23)	Service (54)	Educational Services (61)	

**See first two digits of NAICS to determine your tax class.*

I _____, hereby certify that I have provided complete and accurate information in this application. I acknowledge that I am aware that failure to comply with commercial occupation requirements may result in revocation of my Occupational Tax Certificate and/or zoning enforcement action under the Zoning Ordinance. Furthermore, it is my responsibility to apply for and maintain all required Federal and State licenses and permits. Failure to properly license may result in substantial penalties.

Applicant Signature: _____ Date: _____

STAFF USE ONLY	DATE	NOTES:
Complete Application Received:		
Documents/Licenses Required:		
Regulatory Fee Paid: \$		
OTC Issued: #		
Approved By:		