



Occupational Tax Registration Application (Peddlers License)

Expires December 31st

Date: _____

Name of Business: _____ DBA (if different): _____

Type of Business & Goods to be sold: _____

SSN/Tax ID#: _____ Number of Employees: Full-time _____ Part-time _____

North American Industry Classification System (NAICS) Title: _____ NAICS Code: _____
(Information can be found at www.naics.com)

Business Address: _____

Mailing Address (if different from above): _____

Business Telephone#: _____ Fax phone#: _____

Email Address: _____

How long will business be conducted in the city: _____

Operator(s) Information (blank pages may be used if additional spaces are required):

1. _____
Name Permanent Home Address Telephone#

Title Local Address

2. _____
Name Permanent Home Address Telephone#

Title Local Address

3. _____
Name Permanent Home Address Telephone#

Title Local Address

Has the applicant or any of the approved operators for the business ever been convicted of any crime, misdemeanor or violation of any municipal ordinance? (Circle One) Yes No

If you answered yes, please explain: _____

What are the last 5 municipalities wherein the applicant or any of the operators worked before coming to this city?

- 1. _____ 3. _____ 5. _____
- 2. _____ 4. _____

Additional required information:

What is the place where the good or property proposed to be sold, or orders taken for the sale thereof, are manufactured or produced?

Where are such goods or products located at the time the application are is filed? What is the proposed method of delivery?

Will payment upon any sale or order be demanded, accepted or received in advanced of final delivery?

The undersigned hereby certifies that the approved statements are true and correct to the best of his/her knowledge and belief.

Printed Name Signature Title

For City use only:
License#: _____ Amount Paid: _____ Date Paid: _____ Processed by: _____
Background check: (Circle One) Passed Fail Received: _____
Approved by Mayor and Council: __Yes __No Date Approved: _____
Approved by City Administrator: _____ Date Approved: _____