

OCCUPATION TAX

2026



Blair H Northen III • Mayor -
 Vacant- Council / Post 1
 Helen Robertson - Council / Post 2
 Brandon Hays Council / Post 3
 Scott Colyn - Council / Post 4
 Fred Purvis - Council / Post 5

| | |
|------|-------------------------|
| Date | Business License Number |
|------|-------------------------|

Business Information

| | | |
|--|---|--|
| Business Name | Mailing Address (if different) | Business City/State/Zip |
| Business Address | Business Phone | Is this a Home Base Business <input type="radio"/> Yes <input type="radio"/> No |
| City/State/Zip | New Business <input type="radio"/> Yes <input type="radio"/> No | Change to Exiting Business <input type="radio"/> Yes <input type="radio"/> No |
| Federal ID | Email | |
| State ID | | |
| Type of Business (Check One) | <input type="radio"/> Corp | <input type="radio"/> LLC |
| | <input type="radio"/> Sole Proprietor | <input type="radio"/> Partnership |
| Taxable Estimated Gross Receipts | | |
| Total Number Employees | | |
| Date Open of Business | | |
| Number of Employees (This should include owner and family members) | | |
| Dominant Line of Business | | |

Owner Corporation Applicant Information

| | | | |
|----------------------|--|----------------------|--|
| Owner/Applicate Name | | Owner/Applicate Name | |
| Address | | Address | |
| City/State/Zip | | City/State/Zip | |
| Phone Number | | Phone Number | |
| Cell Number | | Cell Number | |
| Fax Number | | Fax Number | |

| | |
|-----------------|-------------|
| E-Verify Number | SAVE Number |
| Signature | Date |