

# OCCUPATION TAX

2025



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