APPLICATION FOR OCCUPATIONAL LICENSE

(\$50.00 FEE)

Due on or before July 1st

Every business entity subject to the Occupational License Fee is required to complete this application and return it with \$50.00 to the City Clerk of Hickman. The \$50.00 fee is not required of nonprofit organizations: however, the license form is still required to be returned. The following information is necessary for our records.

Date						
Applicant			Business Name			
Address			Address			
 City	STZip		City		ST	Zip
Phone						
Email			Mailing Ad	dress (if d	ifferent f	rom above)
Accounting Peri	od:	71-	Address _	$\Box \mathcal{L}$	17	
Calend	ar Year		City	LT.	_ST	Zip
Fiscal	Year/		Federa	l Tax EID #	[‡]	ZYLA (
しっと			65 C 35	e.		~ 1/1.
Is Business a:	Individual	_Sole pro	prietorship _	Partne	rship	× //
	S Corporation LLC					
	Other (De	scribe)		ه کے البات		
		يالالا				
Nature of Busin	ess		aa	<u>a</u> .		
Date Business o	r operations star	ted in the	City of Hickr	nan	//_	
				M	D	Υ
Do you have or	will you have em	ployees w	orking in the	City of H	ickman?	yes no
If so, the City of	Hickman's Payro	ll Tax to b	e withheld is	s 1.75%		
Number of Emp	loyees					
I hereby certify	that all informati	on and sta	atements are	true and	correct.	
Name (Printed)		ignature				ate
Office Use Only	,					
Account#		Date	Employ	رمور Initia	alc	