## **CITY OF DELTA**

## SALES AND USE TAX LICENSE APPLICATION

1. Is this an application for a (CHECK C	ONE):	Permanent busin Temporary or do	
(IF TEMPORA	RY INDICATE DATES OF OPER	ATION): From	
2. Estimate of monthly taxable sales	:\$	_	
3. Number of employees within the r	nunicipality:		
4. Type of ownership: Ind Ass	ividual/Proprietorship ociation/Club Otl		rporation
5. Federal Employer Identification N	Number or Social Secu	rity Number:	
6. License to be issued in the name of OR ASSOCIATION/CLUB):	f (LIST FULL LEGAL NAME OI		ERSHIP, CORPORATION,
7. Trade name (d/b/a/):			
8a. Mailing Address:S	treet Ci	ty State	Zip Code
8b. Business is conducted at:S	treet Ci	ty State	Zip Code
8c. Business phone number: ()	8d. 1	Business fax number: (	)
8e. Is your business located in a:	· · · · · · · · · · · · · · · · · · ·	nmercial establishment er (PLEASE SPECIFY)	_ Private residence
9. Name all principal owners or office	eers:		
Name	Home address	Home pl	none
Title			
Name	Home address	Home ph	none
Title			
Name	Home address	Home ph	none
Title			

. Landlord:			
3. Accountant:	Name	Address	Phone
_	Name	Address	Phone
. Location of bu	isiness records:		
		Address	Phone
lly answered.		se Tax License will be rejecte	4
y a \$10.00 licen cense fee) . This is only a ersion of this fo	se fee. (Except for o sales and use tax lic orm and issuance of	Ise Tax License will be rejecte ut of state vendors without a p cense application form. The s a Sales and Use Tax License r	ohysical presence – no ubmission of a completency may be only one of the
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10. Date you began or will begin business activity in the municipality: