

# OCCUPATIONAL TAX APPLICATION

Date of application: \_\_\_\_\_

Business/Corporation Name: \_\_\_\_\_

DBA (if applicable) \_\_\_\_\_  
(Doing Business As)

Physical Address of Business: \_\_\_\_\_

Mailing Address of Business: \_\_\_\_\_

Bus Tel. # \_\_\_\_\_ Corp Tel. # \_\_\_\_\_  
Bus Fax # \_\_\_\_\_ if applicable

Business Type: (please check one)

Service  Retail  Property Rental  Real Estate

Professional (please describe below)  Non-Profit  Other (please describe below)

\_\_\_\_\_  
\_\_\_\_\_

Ownership Type: (please check one)

Sole Proprietor  Partnership  Ltd. Partnership  Corporation

Ltd. Liability Corp  Trust

Number of Full time employees: \_\_\_\_\_

Number of Part time employees: \_\_\_\_\_

Total # of hours worked by all part time employees per week: \_\_\_\_\_

## OCCUPATIONAL TAX APPLICATION (cont.)

Name of Applicant: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Federal Tax ID # or SSN \_\_\_\_\_ State Tax ID # \_\_\_\_\_

State License # (if applicable) \_\_\_\_\_

(Please attach copy of state license – Article 1 Chapter 9 Section 1.11 Code of Butler)

(Please attach copy of any other “evidence of qualifications” as described in Article 1 Chapter 9 Section 1.12 Code of Butler – “health permits, bonds, certificates of qualifications, certificates of competency or any other regulatory matter”)

I hereby make application for an Occupational Tax Certificate with the City of Butler. I understand that it is my/our responsibility to conform to the City’s occupational tax ordinance adopted January 1<sup>st</sup>, 1995. I certify that I am authorized by the business to make application and execute accompanying schedules or statements to this application. I further certify that all statements and other information provided on and with this application are true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print

\_\_\_\_\_  
Title