

CITY OF GREEN RIVER OCCUPATION TAX APPLICATION

Date:				
Owne	er's Nam	ne: Phone #:		
Owne	er's Addr	ress:		
Name	e of Busi	iness:		
Busin	iess Phy	vsical Address:		
Mailir	ng Addre	988:		
Expla	in in det	tail the nature and operation of your business:		
Numb	per of Er	mployees: Full Time: Part Time:		
Seati	ng Capa	acity:		
Total	Number	r of Music Machines, Pinball Machines or any other coin operated entertainment devices (\$12.00) and		
vendi	ng mach	nines (\$5.00):		
Pleas	se answe	er the following questions:		
Yes	No			
		Will your business be cooking (baking/deep frying/grilling) or operating any type of restaurant or sandwich shop?		
		Will am open flame or welding device be utilized?		
		Will you be conducting painting, spray finishing, dipping or powder coating?		
		Will you be washing or maintaining vehicles or equipment?		

		Will you be using a parts washer or power washing equipment or tools?	
		Will your business be discharging materials other than sewage	e into the City sewer system?
		Will your business/facility use any type of treatment systems s sumps, coalescer or a grease trap?	uch as baths, separators,
С	HECK	MATERIAL	QUANTITY
		Explosives	
		Compressed Gases	
		Flammable	
		Cryogenic Materials	
		Flammable Liquids	
		Combustible Liquids	
		Petroleum Products	
		Solvents – Acetone, Thinners, Xylenes, Reducers, etc	
		Flammable or Combustible Solids	
<u>Ц</u>		Unstable or Reactive Materials	
<u> </u>		Oxidizers	
<u> </u>		Poisons or toxic materials	
<u>H</u>		Carcinogens	
<u>H</u> _		Pesticides or herbicides	
<u>H</u>		Radioactive Materials	
<u> </u>		Corrosives or Acids Materials discharged into the sever with a pld of 5 or below	
<u>H</u> _		Materials discharged into the sewer with a pH of 5 or below Materials which contain or may contain heavy metals	
H		Large quantities of chemicals	
		Large quantities of enemicals	
Yes	No		
		Is your business located within the City limits of Green River?	
		Is your building located in the Urban Renewal Area?	
		Is your building located in the FEMA designed 100 year floodplain?	
		Will you be doing any renovations, remodeling, additions or alterations t associated with this new business?	to your structure
Lot Z	oning:		
Previ	ous use (of property:	

Please be advised a building permit with a site plan is required for most changes to existing buildings and for construction of new buildings. Contact the Building Department to obtain more information to ensure compliance.

The approval and acceptance of the Occupation Tax Application does not authorize the violation of any adopted codes or ordinances of the City of Green River. Any changes in or to your business which would alter your responses herein shall require at a minimum a review by the City and or a re-application of the Occupation Tax Application. Failure to do so may constitute fraud and invalidate your current Occupation Tax Application.

The approval and acceptance of the Occupation Tax Application does not include approval of a business location for the purposes of complying with the adopted Building Codes of the City of Green River. Contact the Building Inspection Office at (307) 872-6144 for the requirements of the Building Codes before beginning any renovations.

I, the undersigned, have read the foregoing application and know the contents thereof; that all entries hereon and contained in each statement and made a part hereof, are true and correct, and in accordance with the City of Green River. Applicant's Signature Date **CITY USE ONLY:** By: _____ Date Received: **Payment Information:** Amount Received: Received by: Receipt Number: Cash, CC., or Check Number: Application Routing: Please sign and date when review is complete and route in the order listed below. Planning & Zoning _____ Signature and Title **Approval** Date Building Review _____ Signature and Title Approval Date Occupation Tax expires on April 1, _____ Occupation Tax Fee \$ _____ Full Year ____ Half Year ____ Approved for issuance by:

Signature and Title



BUSINESS INFORMATION SHEET

Business Physical Address: Business Physical Address: Business Physical Address: Business Owner: Name, Address, Phone number, Cell Phone number, E mail address: Name, Address and Phone Number of Employees that will have keys to the business and will be able to respond in case of emergency: Employee #1: Employee #2: Employee #3: Employee #4: Employee #5: Does your business have an alarm? Who is your alarm company and what is their phone number? What type of alarm do you have? (Motion, doors & windows, fire, or employee panic) What are the normal business hours for your business? If you or one of your employees were requested by the police to respond to your business after hours, what door can we	Date:
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	If you or one of your employees were requested by the police to respond to your business after hours, what door can we expect you to come to? (Please stay at your car until directed by the police officer at your business for safety.)