



Gross Annual Sale Form

Permit # _____

Name of Establishment/DBA: _____

Address of Location: _____

Telephone #: _____

Owner Name: _____

Address: _____

Email address: _____

Indicate the applicable gross annual sales to the fee amount:

Less than \$200,000	\$200.00 _____
\$200,000 - \$ 400,000	\$300.00 _____
\$400,000 - \$ 600,000	\$400.00 _____
\$600,000 - \$ 800,000	\$500.00 _____
\$800,000 - \$1,000,000	\$600.00 _____
\$1,000,000- \$2,000,000	\$700.00 _____
\$2,000,000 - \$3,000,000	\$900.00 _____
over \$3,000,000	\$1,200.00 _____

Payment Total \$ _____

Please provide one of the additional documents below to verify your gross annual sale amount:
(check one)

_____ Copy of 2024 or 2025 Federal or State Tax Return

_____ Sworn Statement by a Certified Public Accountant with 2025 gross annual sale amount

_____ Sworn Statement by Owner of establishment with 2025 gross sale amount

*Failure to provide the proper documentation will result in a fee assessed at the highest amount.

Signature

Title



SWORN STATEMENT

Date: _____

I, _____ owner of _____

Located at _____

State that my gross sales for 2025 were \$ _____

Signed _____ Title _____