

CITY OF NORTHPORT

PETITION FOR REFUND OF BUSINESS LICENSE FEES

1. Name of Business

Address

Phone No.

Taxpayer No.

2.

Applicant

Title

3. Years for which refund is sought and amounts per year °

Yr.	Date Tax Paid	License #	Amt. Paid	Refund Due
Total				

4. Brief explanation for overpayment of license °

5. Attach to this petition the accountings or other financial information showing overpayment and evidence of payment of license.

(Date)

(Signature of Applicant)

Sworn to and subscribed before me on this ___ day of _____, 199 ___.

(Notary Public)

License Officer's Comments & Approval: _____

Refund Approved: _____
(City Administrator)

(Amount Approved)