CITY OF BARRE, VERMONT – OFFICE OF THE TREASURER

Office of the Treasurer
6 North Main Street
Barre, VT 05641
Tel (802) 476-0242
Fax (802) 476-0000

(Staff Use Only)
Certificate No: _____

Fee Paid : _____

Staff Initials/Date: _____

BUSINESS REGISTRATION CERTIFICATE
THIS FORM AND THE ANNUAL FEE IS DUE BY JULY 1, 2009

Make Checks Payable to "Barre City Treasurer"
Please type or print legibly. All fields within this application must be completed.

1) Business Structure: ☐ Corporation ☐ LLC or LLP ☐ Partnership ☐ Sole Proprietorship ☐ Other

2) Legal Name: _____
Name of Organization as registered with the Vermont Secretary of State

3) D/B/A Name (If applicable):_____

4) Business Mailing Address:

_____
Street or P.O. Box

_____ _____ _____
City or Town **State** **Zip Code**

5) Physical Address (If same as Item 4, leave blank):

_____
Street or P.O. Box

_____ _____ _____
City or Town **State** **Zip Code**

6) Date this entity began doing business in Barre:_____

7) Business Description:_____
Brief description of Primary Business Activity

NAICS Code: _____

8) Person to contact regarding this application (Must be an owner, stockholder, partner or registered agent)

Name: _____
First Middle Initial Last

Relationship: ☐ Owner ☐ Stockholder ☐ Partner ☐ Authorized Agent

Mailing Address: _____
Street or P.O. Box City State Zip

Telephone Number:_____ Fax Number:_____ Email:_____

9) Annual Business Registration Fee Due (Check one):

- ☐ **$0.00** – An entity possessing a valid 501(c)(3) exemption issued by the U.S. Treasury.
- ☐ **$0.00** – An entity or individual with gross receipts of less than $25,000.00.
- ☐ **$50.00** - An entity or individual with gross receipts of $25,000.01 to $150,000.00.
- ☐ **$100.00** - An entity or individual with gross receipts of $150,000.01 to $500,000.00
- ☐ **$150.00** - An entity or individual with gross receipts of $500,000.00 to $5,000,000.00.
- ☐ **$250.00** - An entity or individual with gross receipt of more than $5,000,000.00.

I declare under penalty of perjury, under the laws of the State of Vermont, that I have examined this application and that the information contained herein is true and complete to the best of my knowledge and belief. I understand that misrepresentation of information is subject a penalty of up to $500.00.

AUTHORIZED REGISTRANT: _____ _____
Signature **Date**

_____ _____
Print Full Name and Title **Telephone Number**

DRAFT