

City of La Vista  
Community Development  
8116 Park View Blvd  
La Vista, NE 68128  
P: (402) 593-6400  
F: (402) 593-6445  
CityofLaVista.org

# 2022 OCCUPATION LICENSE APPLICATION CONSTRUCTION/TRADESMEN



Date of Application: \_\_\_\_\_

## **Business Information**

Legal Business Name: \_\_\_\_\_

Common Business Name (if different than above): \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_ Name of Secondary Contact: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Please describe the nature of your business in the box below:

***Please answer all questions below. If they are not applicable, please check the "No" box.***

- ☐ Do you have a monitored Security and/or Fire Alarm System at the business address? \_\_\_\_Yes \_\_\_\_No
- ☐ Will you be selling tobacco products at this business address? \_\_\_\_Yes \_\_\_\_No
- ☐ Do you have music, vending, pinball machines, or billiard/pool tables at this business? \_\_\_\_Yes \_\_\_\_No
- ☐ Do you sell or serve liquor at this address? \_\_\_\_Yes \_\_\_\_No
- ☐ Do you collect sales tax and remit to the state? \_\_\_\_Yes \_\_\_\_No

## **Submittal Requirements:**

A complete application should include the following:

- ☐ A 2022 Occupation License Application (this form)
- ☐ A \$75 remittance fee made payable to the City of La Vista
- ☐ Proof of insurance with a minimum coverage of \$1,000,000 liability and \$500,000 bodily injury. The Insurance Certificate must list the City of La Vista as a Certificate Holder.

---

I declare under penalty of false statement that to the best of my knowledge and belief the statements made herein are correct and true. I hereby remit the \$75.00 occupation license remittance fee per the La Vista Master Fee Ordinance.

---

(Signature of Owner or Corporation Agent)

---

(Title)