

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)