



## 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 2023 Federal or State Tax Return

\_\_\_\_ Sworn Statement by a Certified Public Accountant with 2024 gross annual sale amount

\_\_\_\_ Sworn Statement by Owner of establishment with 2024 gross sale amount

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title