



109 Pinckney Street
Truesdale, Missouri 63383
Telephone (636) 456-3166

APPLICATION FOR BUSINESS LICENSE

Name of Business _____

Full Legal Name of Business _____

The registration address of the business: _____

Address of location of Business: _____

Mailing address (if different than location) _____

Telephone Number of new Business: _____

Name of Owner of Business: _____
(if different than applicant)

Citizens of United States of America: ____ Yes ____ No
If not naturalized, give Number: _____ Dist. _____

Own Building _____ Lease Building _____ Owner of Building _____

Type of Business _____

Year Business Founded _____

Give a detailed description of your business activities:

Have you ever had a business license denied, revoked or suspended? ___ Yes ___ No

If Yes is marked, please provide details: _____

Have you ever been arrested, charged with a crime, pleaded no contest to a crime or been
Convicted? ___ Yes ___ NO

If Yes is marked, please provide details: _____

Has the business ever received any complaints from the Attorney General or Better Business Bureau?

___ YES ___ NO

If yes is marked, please provide details: _____

Are you required to be covered my Workmen's Compensation Insurance?

___ Yes ___ No,

If so, please attach a copy of the Certification of Insurance.

Missouri Sales Tax Number _____

A "No Tax Due Letter" from the Department of Revenue is required prior to a business license being issued. You may provide the letter or the City can obtain the copy of the Missouri Department of Revenue web site.

Please check with the Warren County Collector (636-456-3330) to inquire if your type of business requires a Warren County business license. If it does, the City has an additional form that needs to be completed for you to take to the County Collector. Part of this form will be completed by you and the rest will be completed by the City of Truesdale upon approval of the Board for your business license.

Name of Applicant completing form: _____

Social Security # _____ Date of Birth _____

Current Address: _____

Telephone Number: _____

Mobile Phone Number: _____

Position in Company: _____

I certify that all statements and information provided is true and accurate to the best of my knowledge. I understand provided false or incomplete information could lead the City of Truesdale to suspend or revoke business license for the business. I hereby state that I am authorized by the Business to complete this form, to sign the form on behalf of the business.

Signed: _____ Date: _____

Print Name: _____

Title or relationship to Applicant: _____

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

On this _____ day of _____, 20__, before me, a Notary Public in and for said state, personally appeared _____, who being by me duly sworn did each say that he/she is the person described in and who executed the foregoing instrument, and he acknowledged that he/she executed the same for the purposes and consideration therein expressed and as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid on the day and year first written.

(SEAL) _____
Notary Public
My Commission expires: _____

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CITY OFFICE USE ONLY

Business License approval date _____

License Number: _____ Date License Issued: _____

Business License: \$25.00 Date Paid _____

Method of Payment: _____ Receipt Number: _____