

City of St. Joseph
1100 Frederick Avenue
St. Joseph, MO 64501
816-271-4751 Fax (816) 271-4676
BUSINESS LICENSE APPLICATION

BUSINESS NAME _____
BUSINESS ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
BUSINESS PHONE _____ BUSINESS FAX _____
TYPE OF BUSINESS _____
BUSINESS E-MAIL _____
DOES THIS LOCATION HAVE AN ALARM SYSTEM _____ YES _____ NO

BUSINESS OWNER _____
OWNER ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
OWNER PHONE _____ CELL PHONE _____
OWNER SOCIAL SECURITY NUMBER _____

CORPORATE/PARENT CO _____
MAILING ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
PHONE NUMBER _____ FAX NUMBER _____
E-MAIL ADDRESS _____

LOCAL CONTACT _____
PHONE NUMBER _____

FEDERAL EMPLOYER ID NUMBER _____
MISSOURI SALES TAX ID NUMBER _____

**CERTIFICATE OF WORKMAN'S COMPENSATION INSURANCE FOR CONTRACTORS
(ONE OR MORE EMPLOYEES)** _____

I hereby agree that all renewal applications made hereafter are due and payable on or before June 30th of the license year. Any payments made after that period shall be assessed a 10% penalty the first month and an additional 1% interest for each 30 day period thereafter. All delinquent amounts due the City including penalty and interest shall be paid in full prior to renewal of license.

I certify this information to be true per sections 8-62 and 8-63 of the City Code of Ordinances.

**NOTE* FOR LICENSE TO BE ISSUED, ALL INFORMATION MUST BE PROPERLY
FILLED OUT AND SUBMITTED TO THE CUSTOMER ASSISTANCE
DEPARTMENT. YOU MUST ALSO PROVIDE A COPY OF A STATE ISSUED
IDENTIFICATION.**

SIGNATURE _____ DATE _____
LICENSE NO _____ CATEGORY _____ FEE _____
CHECK _____ CASH _____ CREDIT CARD _____
COPY OF STATE ID YES _____ NO _____