|  |  |
| --- | --- |
| LEGAL NAME |  |
| DBA NAME |  |
| MAILING ADDRESS |  |
| PHYSICAL ADDRESS |  |
| BUSINESS PHONE |  |
| ADDITIONAL CONTACT |  |
| EMAIL ADDRESS |  |

|  |  |
| --- | --- |
| FEIN or SSN |  |
| SALES TAX ID  |  |
| STATE ISSUED IN |  |

|  |
| --- |
| Names, Addresses & Phone Numbers of ALL Owners or Agents for Owner(s) |
|  |  |
|  |  |
|  |  |

I have received a copy of Ordinance 284 & 329 and agree to abide by the rules therein.

I understand my license is nontransferable.

The company and/or any officer of the company is not delinquent in any tax obligation owed to:

**The Village of Ferrelview directly, through Platte County, or the State of Missouri.**

**The Village of Ferrelview has the power to revoke or suspend any business license**

|  |  |
| --- | --- |
| SIGNATURE |  |
| TITLE |  |
| DATE |  |

|  |
| --- |
| OFFICE USE ONLY |
| ISSUE DATE |  |
| EXPIRATION DATE |  |
| LICENSE NO. |  |