



Village of Ferrelview

205 NW Heady Ave Ferrelview, MO 64163 Phone: (816) 464-5010 Fax (816) 464-2383

ANNUAL OCCUPATIONAL BUSINESS LICENSE APPLICATION 2024

Email: VOF.CITYCLERK@GMAIL.COM

| | |
|--------------------|--|
| 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) | |
| | |
| | |
| | |

ANNUAL FEE: \$100 MONTHLY FEE: \$35

I have received a copy of Ordinance 365 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 Date

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