



BUSINESS LICENSE APPLICATION

Return to:
Finance Department
101 West Reed Street
Moberly, MO 65270
Phone: (660) 263-4420
Fax: (660) 263-9398

Missouri Department of Revenue, Business Tax Bureau – Phone: (573) 751-5860

BUSINESS INFORMATION

Name of Business _____ **MO Sales & Use Tax I.D. #** _____

Address/Location of Business _____ Mailing Address _____

Parent Company Name and Address _____

Sole Proprietorship / Partnership / Corporation / LLC (circle appropriate response) How long at above address? _____

Name, address, and phone of all owners, partners, and managers (if different from applicant) _____

Business Phone Number _____ Fax Number _____

Number of Employees Full Time _____ Part Time _____ Total _____

******For businesses with more than one employee, submit a current certificate of Worker's Compensation Insurance******

Cigarette Sales? Y N Home Occupation? Y N Food Sales? Y N

Type and/or Nature of business (in detail) _____

Is the business registered with the Missouri Secretary of State under the fictitious name law? Yes _____ No _____

APPLICANT INFORMATION

Name of Applicant _____ Phone Number _____

Social Security Number _____ Driver's License Number _____

Applicant is: Owner _____ Manager _____ Agent _____ Home Address _____

How long at above address? _____ If less than one year, previous address: _____

Applicant Date and place of birth: ___/___/___ City _____ County _____ State _____

Name and address of second Contact: _____

Is Applicant a U. S. Citizen? Y N If naturalized, give date and place of naturalization _____

Owner date and place of birth: ___/___/___ City _____ County _____ State _____

Is Owner a U. S. Citizen? Y N If naturalized, give date and place of naturalization _____

Are you in debt or obligated to this City? _____

Ever had a bond revoked? _____

Give three references (include one bank)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Have you ever been convicted of any violations of laws or ordinances (other than traffic violations)? Y N

If "yes," please explain the offense, date, place, and result, including case numbers if applicable.

A criminal record check must be submitted with all business license applications at the cost of the business.

**The record check can be obtained at
<http://www.mshp.dps.missouri.gov>**

I affirm that the information on this applications is factual, that this business will be conducted in accordance with all applicable State and City laws, that all City taxes/fees have been paid, and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained. I understand that if my application is approved any false statements made by me on this applications may result in the revocation of this license.

Signature: _____

Date: _____

State of _____

County of _____

On this _____ day of _____, 20_____, before me personally appeared

_____, known to me to be the individual described in and who executed the foregoing

instrument and acknowledged to me that he executed the same.

My commission expires

Notary Public