



**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\*\*\*\*\*

Vending Machines or Mechanical Devices used on property Number \_\_\_\_\_ (excluding US Postage Stamps)

Type of Machine Location of Machine Name and Phone of Supplier

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 nearest living relative: \_\_\_\_\_  
\_\_\_\_\_

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 \_\_\_\_\_

*I hereby certify that all information provided above is true and accurate, 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.*

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

**THIS BOX FOR CITY USE ONLY**

License Fiscal Year \_\_\_\_\_ License Code/Type \_\_\_\_\_ Fee \_\_\_\_\_

Department Approvals

Community Development \_\_\_\_\_ Public Works \_\_\_\_\_ Police \_\_\_\_\_

Fire \_\_\_\_\_ Health Department \_\_\_\_\_ Utilities \_\_\_\_\_

Occupancy Permit # \_\_\_\_\_ Date Issued \_\_\_\_\_

Application Approved Y N By \_\_\_\_\_

Conditions of Issuance \_\_\_\_\_  
\_\_\_\_\_