



CITY OF MARTHASVILLE

402 E Main St. Marthasville, MO 63357 * Ph (636) 433-5554

BUSINESS LICENSE APPLICATION

Business Licenses are Renewable Yearly by Dec 1st

APPLICATION FEE:

\$50.00

Make Checks Payable to: City of Marthasville

FORM MUST BE FULLY COMPLETED

FAILURE TO PROVIDE ALL INFORMATION REQUESTED BELOW MAY RESULT IN DENIAL OF PERMIT

License No. _____

Date: _____

Applicant Information

Owners Name: _____ Date of Birth: _____

Home Address: _____ Home Number: _____

City/State/Zip: _____ Cell Number: _____

Email: _____ State/Driver's License No. _____

Business Information

Business Name: _____ Business Phone: _____

Business Address: _____ Business Fax: _____

City/State/Zip: _____ Missouri Tax I.D. No. _____

Mailing Address: _____ Federal Tax I.D. No. _____

City/State/Zip: _____

Description of Business: _____

Number of Employees: _____ Year Business Established: _____

Does your business conduct retail sales and/or collect sales tax? _____

Signature

I, THE UNDERSIGNED, UNDERSTAND THAT: (1) IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; (2) THIS DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; (3) I CERTIFY THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT: _____