

## Auxvasse, Missouri - License Application

Amount Paid \$ \_\_\_\_\_

<b>LICENSE PERIOD</b> _____ TO _____	<b>FOR OFFICE USE ONLY</b> ____ New ____ Renewal	<b>BUSINESSSS LICENSE #</b> _____ ____ Cash ____ Check
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PLEASE PRINT – INCOMPLETE APPLICATIONS WILL BE RETURNED

Legal Business Name \_\_\_\_\_ Business Property Address \_\_\_\_\_

Attention/DBA \_\_\_\_\_ Business Phone No. \_\_\_\_\_ Night Person Contact/Phone No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

- Type of Business:**
- |   |                                     |                                      |  |   |
|---|-------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Bar/Tavern     | <input type="checkbox"/> Gas/Conv   | <input type="checkbox"/> Service     | <input type="checkbox"/> Contractor    | <input type="checkbox"/> Beauty/Barber Shop               |
| <input type="checkbox"/> Entertainment  | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Pawn        | <input type="checkbox"/> Electrician   | <input type="checkbox"/> Home Occupation                  |
| <input type="checkbox"/> Financial Svc  | <input type="checkbox"/> Insurance  | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Plumber       | <input type="checkbox"/> Other (If other, please explain) |
| <input type="checkbox"/> Food Sales/Svc | <input type="checkbox"/> Massage    | <input type="checkbox"/> Retail      | <input type="checkbox"/> Manufacturing |   |

Nature of Business. Provide details of services provided. \_\_\_\_\_

Please Indicate Ownership Status:  Individual  Partnership  L.L.C.  Corporation

Owner Name (attach list if necessary) \_\_\_\_\_ Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security No. \_\_\_\_\_ Drivers License Number \_\_\_\_\_ Cell Phone \_\_\_\_\_

Are you a United States Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

Maximum Number of Employees Working in Auxvasse \_\_\_\_\_ Missouri Retail Sales Tax Number \_\_\_\_\_

Have you ever been convicted of any violations of state or municipal laws or ordinances (Other than minor traffic violations)?  Yes  No

If yes, give details: \_\_\_\_\_

Have You Ever Had a License Revoked or Suspended?  Yes  No

If yes, give details: \_\_\_\_\_

I state that I am the applicant and hereby declare all above information to be true and correct. The businesses to be operated will be conducted in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified.

NEW: Under Oath, I affirm that I participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal Law to work in the United States. (Refer to Missouri House Bill 1549)

**Applicant Signature (If Corporation President and Secretary must sign)** \_\_\_\_\_ **Date** \_\_\_\_\_

(CORPORATE SEAL) \_\_\_\_\_ If Corporation, Affix the Corporate Seal.

Subscribed and sworn before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

My commission will expire on \_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC

**Please return your completed application and fee to:** City of Auxvasse, P.O. Box 489, Auxvasse, MO 65231  
Phone: 573.386.2227 Fax: 573-386.2175