

AUDRAIN COUNTY, MISSOURI BUSINESS/MERCHANT LICENSE APPLICATION

Amount Paid \$ _____

FOR OFFICE USE ONLY	LICENSE PERIOD _____	BUSINESS LICENSE # _____
		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cash <input type="checkbox"/> Check

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"/> Pawn	<input type="checkbox"/> Contractor	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Electrician	<input type="checkbox"/> Other
<input type="checkbox"/> Financial Svc	<input type="checkbox"/> Insurance	<input type="checkbox"/> Retail	<input type="checkbox"/> Plumber	
<input type="checkbox"/> Food Sales/Svc	<input type="checkbox"/> Massage	<input type="checkbox"/> Service	<input type="checkbox"/> Beauty/Barber Shop	

Nature of Business. List any change in or addition to business activities since last license application? (Give details)

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 _____	Driver's License Number _____	Cell Phone _____
---------------------	-------------------------------	------------------

Missouri Retail Sales Tax Number _____	Are you a United States Citizen? Yes ___ No ___
--	--

Estimated Opening Date: _____

Have You Ever Had a Business 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 business 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 or if there are changes or transfers of ownership, changes of address or changes in type of business conducted, the County Assessor will be notified.

Date _____	Applicant Signature (If Corporation President and Secretary must Sign) _____
------------	--

Please return your completed application and \$25 fee to:

Audrain County Collector, 101 N Jefferson Room 103, Mexico, MO 65265
 Phone: 573-473-5824 Fax: 573-582-7221