

CITY OF VERSAILLES
104 N. Fisher Street
Versailles, MO 65084
Ph# 573-378-4634 Fax# 573-378-4059

APPLICATION FOR BUSINESS LICENSE

DATE: _____

COMPANY INFORMATION:

NAME OF BUSINESS: _____

BUSINESS ADDRESS/LOCATION: _____

MAILING ADDRESS: _____

STREET CITY STATE ZIP

TELEPHONE: (____) _____ OR _____ EXT _____

TYPE OF BUSINESS: _____
SHORT DESCRIPTION OF KIND OF BUSINESS _____

MISSOURI STATE SALES TAX NUMBER: _____

NAME OF BANK: _____

INSURANCE COMPANY: _____

OWNER INFORMATION:

NAME OF OWNER: _____ SS# _____ (Optional)

SPOUSE'S NAME: _____ SS# _____

ADDRESS _____
STREET CITY STATE ZIP

MANAGER INFORMATION:

MANAGER'S NAME _____ SS# _____

I HEREBY APPLY FOR A MERCHANT'S LICENSE WITH THE CITY OF VERSAILLES AND AGREE TO COMPLY WITH ALL ORDINANCES, RULES, AND REGULATIONS AS PRESCRIBED BY THE CITY OF VERSAILLES; APPLICABLE TO THE FURNISHING OF A MERCHANT LICENSE, I HEREBY DECLARE THAT ALL THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

SIGNATURE OF APPLICANT

TITLE

OFFICE USE ONLY

AMOUNT RECEIVED: \$ _____ CASH CHECK #: _____ DATE RECEIVED: _____

LICENSE # ISSUED: _____

CITY COLLECTOR

EXPIRATION DATE: _____

CITY OF VERSAILLES

BUSINESS EMERGENCY NOTIFICATION INFORMATION

(PLEASE PRINT LEGIBLY)

BUSINESS NAME: _____ DATE _____

MAILING ADDRESS: _____ STREET ADDRESS _____

LOCATION TO MAJOR INTERSECTION: _____

BUSINESS TELEPHONE: _____

ALARM (Y/N) _____ ALARM COMPANY: _____ TELEPHONE _____

BUSINESS OWNER: _____ TELEPHONE _____

BUILDING NAME: _____

BUILDING OWNER: _____ TELEPHONE _____

EMERGENCY NOTIFICATIONS

1. NAME: _____ TELEPHONE _____

PHYSICAL ADDRESS: _____

2. NAME: _____ TELEPHONE _____

PHYSICAL ADDRESS: _____

3. NAME: _____ TELEPHONE _____

PHYSICAL ADDRESS: _____