CITY OF FLINT HILL, MISSOURI
APPLICATION FOR BUSINESS LICENSE

New _____ Renewal _____ Amount Paid _____

FOR CITY USE ONLY

ISSUED LICENSE NUMBER _____

VALID _____

_____
Legal Name of Business

_____
Business Street Address City State & Zip Phone

_____
Type, and/or Nature of Business (in detail)

_____
Any change in or addition to business activities since last license application (Give details)

_____ Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC
Maximum number of
Employees working in Flint Hill

_____
Names and addresses of partners or officers (Attach separate list, if necessary)

Person making application is: ____ Owner ____ Manager ____ Agent

_____ Are you a United States Citizen? _____ yes _____ No
Full Name of Applicant

_____ _____ _____
Date of Birth Driver's License Number & State Area code & phone number

_____
Home Street Address City State Zip

Have you ever been convicted of any violations of laws or ordinances of this or any other state or municipality (other than minor traffic violations)? Yes or No _____ If yes, explain:_____

Does or will this facility discharge any wastewater into the City sewers, other that from restrooms? _____ If yes, describe: _____
_____

_____ (Tax number must be shown if you sell any merchandise)
Missouri Retail Sales Tax Number

I state that I am the applicant and hereby declare all above statements 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, 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.

IF CORPORATION, PRESIDENT AND SECRETARY MUST SIGN AND AFFIX THE COPRPORATE SEAL.

(CORPORATE SEAL)

_____ _____
Secretary's Signature Applicant's or President's Signature

SUBSCRIBED AND SWORN BERFORE ME, THIS _____ DAY OF _____.

My commission will expire: _____

_____
NOTARY PUBLIC