



APPLICATION FOR OCCUPATIONAL LICENSE

(License year July 1st through June 30th)

SECTION I: IDENTIFICATION INFORMATION

1. Name of establishment \_\_\_\_\_

Phone: Business Hours \_\_\_\_\_ Emergency Phone \_\_\_\_\_

2. Missouri State Sales Tax Number \_\_\_\_\_

3. Business Address \_\_\_\_\_ Zip \_\_\_\_\_

4. Home Office Address, if any \_\_\_\_\_

5. Ownership: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

6. If corporation, name of State where incorporated \_\_\_\_\_

7. Do you conduct commercial activities on the premises using names other than that for which you are making application? \_\_\_\_\_. If answer is yes, please list names below:

\_\_\_\_\_

8. Date of last completed fiscal year (Calendar year if also fiscal year) preceding the license year beginning July 1st, as established and used for Federal Income Tax purposes: \_\_\_\_\_

Date Business began operations in City of Clarkson Valley: \_\_\_\_\_

9. Nature of activity: (Merchant or specific occupation or business. Describe activity in sufficient detail to indicate type of business. For example is a product sold, or a service, or both; and what is product or service?): \_\_\_\_\_

\_\_\_\_\_

10. Name and address to which correspondence and renewal notice should be sent: \_\_\_\_\_

\_\_\_\_\_

11. Number of employees: \_\_\_\_\_

12. Number of automobiles entering City of Clarkson Valley daily as a result of this operation: \_\_\_\_\_

SECTION II: FEE: \$25.00/ANNUM

SECTION III: CERTIFICATION

\_\_\_\_\_, hereby certifies that he/she is \_\_\_\_\_

(owner, partner, title of officer)

named firm, and is familiar with the operations of the applicant and the facts set out above and that they are true and correct according to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature

FOR CITY USE ONLY

Application and fee \$ \_\_\_\_\_ Received by \_\_\_\_\_ Date \_\_\_\_\_

License issued by \_\_\_\_\_ Date \_\_\_\_\_