



OCCUPATIONAL LICENSE APPLICATION

(License year July 1st through June 30th)

SECTION I: IDENTIFICATION INFORMATION

1. Name of establishment: _____
Phone: _____ Emergency Phone: _____
Business Hours: _____
2. Missouri State Sales Tax Number: _____
3. Business Address: _____
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? Yes _____ No _____. 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: _____



OCCUPATIONAL LICENSE APPLICATION

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: _____

Date: _____

FOR CITY USE ONLY

Application and fee \$ _____

Received by: _____ Date: _____

License issued by: _____ Date: _____