

**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 than 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 CORPORATE SEAL.

(CORPORATE SEAL)

Secretary's Signature

Applicant's or President's Signature

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

My commission will expire: _____

NOTARY PUBLIC