



City Hall
 117 S. Main St.
 Fayette, MO 65248
 Phone: 660-248-5246
 FAX: 660-248-3502

Application for Business License		Date:
Name of Business:		
Location Street Address:		
City/State/ZIP:		
PHONE at Business Location:	Owner(s) Ph:	
PHONE (other):		
MAILING Address for Business (if different than location):		

The undersigned hereby makes application for a business license. The business proposed to be conducted under said license shall consist of *(provide details of business and lines of merchandise handled if applicable)*:

Said license to be effective the _____ day of _____, 20____

to the _____ day of _____, 20_____.

Provided a copy of State Sales Tax Certificate (and/or State Liquor License if applicable)	Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
Provided a Certificate of Insurance	Liability: Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Work Comp: Yes <input type="checkbox"/> No <input type="checkbox"/> Contractor Affidavit <input type="checkbox"/> N/A <input type="checkbox"/>

Paid Business License Fee: \$ _____

The above information is true and correct concerning said business under consideration.

Signature of Owner(s)

Signature of President of Company/Corporation

Filed with the City Clerk on _____, 2019. Signature: _____