



117 S. Main St.
 Fayette, MO 65248
 Phone (660)248-5246 Fax (660)248-3502

Date	
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Business License Application

BUSINESS INFORMATION		
Name of Business (Corporate name)	DBA	
Location (Street Address)	City / State / Zip	
Mailing Address (if different than location)		Tax ID #
Main Business Phone	Cell Phone	Cell Phone (Other)
Email address		Owners name

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

SIGNATURE REQUIRED	
<i>The above information is true and correct concerning said business under consideration</i>	
<hr style="border: 0; border-top: 1px solid black;"/> <p>Signature</p>	<hr style="border: 0; border-top: 1px solid black;"/> <p>Printed Name</p>
<i>Application must be signed by a Business Owner or Manager Officer of the Company</i>	

DOCUMENTS REQUIRED			
<i>Provided a copy of Missouri Department of Revenue Certificate of State No Tax Due</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>Provided a copy of Certificate of Work Comp Insurance (if applicable)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<i>Provided a copy of Certificate of State Liquor License (if applicable)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE	
License Fee amount \$ <input style="width: 100px;" type="text"/>	Filled with the City Clerk on _____
Cash <input type="checkbox"/> CC <input type="checkbox"/> Check <input type="checkbox"/> # _____	<hr style="border: 0; border-top: 1px solid black;"/> <p>City Clerk Signature</p>