

ELSBERRY BUSINESS LICENSE APPLICATION

All Business Licenses Expire on June 30th and All Applications for Renewal Must be Filed by May 30th.

If this is a license renewal application, only complete the highlighted items **unless** the requested information has changed. If any information has changed since your last application, complete those blocks that have changed information

Name of Business		Date:
Licensed business address:		
Application Type:	Original <input type="checkbox"/>	Duplicate <input type="checkbox"/> Renewal <input type="checkbox"/>
Fee:\$		Paid <input type="checkbox"/>
Will the business sell goods at retail? Yes <input type="checkbox"/> No <input type="checkbox"/> If "Yes", attach your MO business license and a Mo. Dept. Rev. "No Tax Due" Certificate that is less than 90 days old. Are they attached? Yes <input type="checkbox"/> No <input type="checkbox"/> If your MO retail sales tax license is revoked by the MO Dept. of Rev., your Elsberry business license is automatically revoked and is null and void. Your City business license may be reinstated only when you provide the City with a valid MO Dept. of Rev. "No Tax Due" Certificate dated after the date of revocation.		
Name and address of owner / applicant (individual):		
Place of birth:	DOB:	Attach Drivers License or ID <input type="checkbox"/>
Name and address of emergency contact		
Business phone:	Emergency Contact Phone	
Have the applicant and business paid all outstanding City taxes, utility charges and court fines? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Is the applicant a US citizen? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, attach documentation of lawful presence in the United States.		
Description of business:		
Address of the business main office:		
Business Ownership Type:	Individual <input type="checkbox"/>	Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/>
List the names & addresses of all other owners (attach additional pages if needed).		
List individual applicant's residential addresses for the last 5 years (attach additional pages if needed).		
Complete and Sign Both Sides	Signature:	

Have the applicant and business obtained all necessary sign permits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Will the business serve or sell intoxicating Liquor?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, have you obtained a separate State and Elsberry City Liquor License?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the business have the correct zoning?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the applicant or business ever had a business license previously?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "yes", state the business, location, and dates of each license:		
Has the applicant or business ever had a Business license revoked?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, state the date, place, and all reasons for each revocation		
:		
Has the applicant or business ever been convicted of a felony or misdemeanor (other than traffic)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If so, state the dates, charges, and jurisdiction for each conviction:		
If the business is a contractor in the construction industry, provide a workers' compensation insurance certificate or a Mo. Dept. of Labor affidavit signed by the applicant attesting that the contractor is exempt.		
If you have a Missouri state license for your business or occupation, please attach a current copy.		
If your business provides massages or massage therapy, provide a copy of each massage therapist's license.		
Please Note: Your Elsberry Business License must be publically displayed at your business at all times.		

I hereby authorize the City of Elsberry to conduct a criminal history check and personal background check for release of any information in police and/or court records involving me to evaluate my application for a Business License. Having been duly sworn according to law, I state under penalty of perjury that the information on both sides of this form is true and complete.

 (Signature) Print Name: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

 Notary Public

My Commission Expires: