CITY OF ELDON
APPLICATION FOR BUSINESS LICENSE

DATE: _____

COMPANY INFORMATION:

NAME OF BUSINESS: _____

BUSINESS ADDRESS/LOCATION: _____

MAILING ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE: (_____) _____OR _____EXT_____

TYPE OF BUSINESS: _____
SHORT DESCRIPTION OF KIND OF BUSINESS

MISSOURI STATE SALES TAX NUMBER: _____

NAME OF BANK: _____

INSURANCE COMPANY: _____

OWNER INFORMATION:

NAME OF OWNER: _____SS#:_____-_____-_____

SPOUSE'S NAME: _____SS #:_____-_____-_____

ADDRESS: _____
STREET CITY STATE ZIP

TELEPHONE#: (_____) _____ DRIVER'S LICENSE # & STATE ISSUED: _____

MANAGER INFORMATION

MANAGER'S NAME: _____ TELEPHONE #_____

I HEREBY APPLY FOR A MERCHANT'S LICENSE WITH THE CITY OF ELDON AND AGREE TO COMPLY WITH ALL ORDINANCES, RULES, AND REGULATIONS AS PRESCRIBED BY THE CITY OF ELDON, APPLICABLE TO THE FURNISHING OF A MERCHANT LICENSE. I HEREBY DECLARE THAT ALL THE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

_____ _____
SIGNATURE OF APPLICANT TITLE

OFFICE USE ONLY

AMOUNT RECEIVED: $_____ ☐ CASH ☐ CHECK #:_____ DATE RECEIVED_____

LICENSE # ISSUED_____ _____
DEPUTY CITY COLLECTOR

EXPIRATION DATE: _____