

LADDONIA, MISSOURI BUSINESS/MERCHANT LICENSE APPLICATION

Amount Paid \$

FOR OFFICE USE ONLY	LICENSE PERIOD	BUSINESS LICENSE #
		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cash <input type="checkbox"/> Check

PLEASE PRINT – INCOMPLETE APPLICATIONS WILL BE RETURNED

Legal Business Name	Business Property Address	License Class
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Attention/DBA	Business Phone No.	Night Person Contact/Phone No.
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Mailing Address	City	State	Zip
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Type of Business:

<input type="checkbox"/> Bar/Tavern	<input type="checkbox"/> Gas/Conv	<input type="checkbox"/> Pawn	<input type="checkbox"/> Contractor	<input type="checkbox"/> Manufacturing
<input type="checkbox"/> Entertainment	<input type="checkbox"/> Healthcare	<input type="checkbox"/> Real Estate	<input type="checkbox"/> Electrician	<input type="checkbox"/> Other
<input type="checkbox"/> Financial Svc	<input type="checkbox"/> Insurance	<input type="checkbox"/> Retail	<input type="checkbox"/> Plumber	
<input type="checkbox"/> Food Sales/Svc	<input type="checkbox"/> Massage	<input type="checkbox"/> Service	<input type="checkbox"/> Beauty/Barber Shop	

Nature of Business. List any change in or addition to business activities since last license application? (Give details)

Please Indicate Ownership Status: Individual Partnership L.L.C. Corporation

Owner Name (attach list if necessary)	Home Address	City	State	Zip	Phone
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Date of Birth	Driver's License Number	Cell Phone
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	Are you a United States Citizen?
Missouri Retail Sales Tax Number	Yes <input type="checkbox"/> No <input type="checkbox"/>

Estimated Opening Date:

Have You Ever Had a Business License Revoked or Suspended? Yes No

If Yes, Give Details

I state that I am the applicant and hereby declare all above information 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 or if there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk/Collector will be notified.

Date	Applicant Signature (If Corporation President and Secretary must Sign)
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Please return your completed application and \$25 fee to:

City Clerk/Collector, City of Laddonia, Missouri, P O Box 70, Laddonia, MO 63352
 Phone: (573) 373-9228/Fax: (573) 373-2032