



109 Pinckney Street
Truesdale, Missouri 63383
Telephone (636) 456-3166

APPLICATION FOR BUSINESS LICENSE

Name of Business _____

Full Legal Name of Business _____

The registration address of the business: _____

Address of location of Business: _____

Mailing address (if different than location) _____

Telephone Number of new Business: _____

Name of Owner of Business: _____
(if different than applicant)

Citizens of United States of America: Yes No
If not naturalized, give Number: _____ Dist. _____

Own Building Lease Building Owner of Building _____

Type of Business _____

Year Business Founded _____

Give a detailed description of your business activities:

Have you ever had a business license denied, revoked or suspended? Yes No

If Yes is marked, please provide details: _____

Have you ever been arrested, charged with a crime, pleaded no contest to a crime or been
Convicted? Yes NO

If Yes is marked, please provide details: _____

Has the business ever received any complaints from the Attorney General or Better Business Bureau?
 YES NO

If yes is marked, please provide details: _____

Are you required to be covered my Workmen's Compensation Insurance?

Yes No,

If so, please attach a copy of the Certification of Insurance.

Missouri Sales Tax Number _____

A "No Tax Due Letter" from the Department of Revenue is required prior to a business license being issued. You may provide the letter or the City can obtain the copy of the Missouri Department of Revenue web site.

Please check with the Warren County Collector (636-456-3330) to inquire if your type of business requires a Warren County business license. If it does, the City has an additional form that needs to be completed for you to take to the County Collector. Part of this form will be completed by you and the rest will be completed by the City of Truesdale upon approval of the Board for your business license.

Name of Applicant completing form: _____

Social Security # _____ Date of Birth _____

Current Address: _____

Telephone Number: _____

Mobile Phone Number: _____

Position in Company: _____

I certify that all statements and information provided is true and accurate to the best of my knowledge. I understand provided false or incomplete information could lead the City of Truesdale to suspend or revoke business license for the business. I hereby state that I am authorized by the Business to complete this form, to sign the form on behalf of the business.

Signed: _____ Date: _____

Print Name: _____

Title or relationship to Applicant: _____

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

On this _____ day of _____, 20__, before me, a Notary Public in and for said state, personally appeared _____, who being by me duly sworn did each say that he/she is the person described in and who executed the foregoing instrument, and he acknowledged that he/she executed the same for the purposes and consideration therein expressed and as his/her free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid on the day and year first written.

(SEAL)

Notary Public

My Commission expires: _____

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CITY OFFICE USE ONLY

Business License approval date _____

License Number: _____ Date License Issued: _____

Business License: \$25.00 Date Paid _____

Method of Payment: _____ Receipt Number: _____

EMERGENCY CONTACT INFORMATION

The City of Truesdale and the Truesdale Police Department request that the following information be provided for your business located in the City of Truesdale. The information will remain confidential and a copy will be provided to the Warren County Joint Communication Center (9-1-1) to keep on file.

Date: _____

Name of Business: _____

Address of Business: _____

Telephone Number of Business: _____

Fax Number of Business: _____

The following person(s) should be contact in case of an emergency concerning this business. Please list in the order they are to be contacted. All emergency contact persons should have a key to the premises, knowledge of the premises and contents of the building.

#1 Name: _____ Telephone Number: _____

Address: _____

Mobile Phone Number: _____

#2 Name: _____ Telephone Number: _____

Address: _____

Mobile Phone Number: _____

#3 Name: _____ Telephone Number: _____

Address: _____

Mobile Phone Number: _____

Does the business have an alarm system? _____ Yes _____ No

If yes, please list the name of the alarm system, their address, and telephone number.

Also any information needed for emergency services personnel responding to an emergency at this location.

Is a night light left "on" in the premises? _____ Yes _____ No

Is there a safe on the premises? _____ Yes _____ No

If yes, general location of the safe? _____

If there is any other important information you feel should be known to provide better security for your business located in Truesdale, please list it below:

Again, this information will be kept on file, confidentially, at the Police Department, City Hall, and at the 9-1-1 Joint Communication, and will only be used to contact you in case of an emergency and to assist you in keeping your business secure.

Thank you.