

APPLICATION FOR BUSINESS LICENSE

Town of Augusta, Missouri

BUSINESS NAME: _____ Phone: _____ - _____ - _____

Business Address: _____ Augusta, MO 63332

Mailing Address: _____ City, State, Zip: _____

Website: _____ Email Address: _____

Date Started: _____ Federal Tax Payer ID: _____ MO Sales Tax ID: _____

Business Classification (Check one): Corporation _____ LLC _____ Self-employed _____

Business Type (Check): Retail _____ Restaurant _____ Mail Order _____ Service _____ Other _____

BUSINESS OWNER(S): _____ Phone: _____ - _____ - _____

Address: _____ City, State, Zip: _____

Contact Person: _____ Phone: _____ - _____ - _____ Email: _____

EMERGENCY NAME: _____ Phone: _____ - _____ - _____

Names of any other businesses owned in Augusta: _____

[If you are applying for any additional new businesses, please fill out another form. Thank you.]

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____ Business License Fee = \$ 25.00

* * * * *

FOR OFFICE USE ONLY

Date Application Received _____ Date _____ Approved or Denied (circled)

Appropriate Zoning _____ Sign Installed _____ with Permit _____

Paid \$25.00 _____ Date Business License Issued _____ Issued for the year of _____ Town Clerk _____