



# RAYTOWN BUSINESS LICENSE APPLICATION

Date \_\_\_\_\_

Type of Business: \_\_\_\_\_

Retail \_\_\_\_\_ Contractor \_\_\_\_\_ If Retail, please list your Missouri Sales Tax Number \_\_\_\_\_

Name of Business: \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Ownership Status: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Is this a Home Based Business? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Business will begin in Raytown \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Local Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Cellphone Number \_\_\_\_\_ Email \_\_\_\_\_

List Names of owners, Partners or Officers of Company(Use additional page if more than one)

Full Name \_\_\_\_\_

State Drivers Lic# \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address:

Do you store, manufacture or transport any hazardous materials? Yes No

I DECLARE UNDER PENALTY OF LAW THAT TO THE BEST OF MY KNOWLEDGE THAT THE STATEMENTS MADE HEREON ARE CORRECT AND TRUE.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Business License Number:	Renewal Date:
Notes:	

Revised January, 2014