



RAYTOWN BUSINESS LICENSE APPLICATION

Date: _____ Missouri Tax ID Number _____

Name of Business: _____

DBA (if different) _____

Ownership Status: Individual _____ Partnership _____ Corporation _____ LLC _____

Description of merchandise or services offered: _____

Retail _____ Contractor _____ Sales: _____ Bank: _____ Vending: _____ Other: _____

Is this a home based business? Yes _____ No _____ Date business will begin in Raytown _____

Physical Address of Business _____

City _____ State _____ Zip _____

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 _____

FOR OFFICE USE ONLY	
Business License Number:	Renewal
Notes:	