

**City of Wright City**  
203 Veterans Memorial Parkway  
Wright City, MO 63390  
Phone: 636-745-3101  
Fax: 636-745-3119

FILING DATE: \_\_\_\_\_  
STAFF NAME: \_\_\_\_\_

**Supplemental Information for  
New Application for City Business License**

Name of Managing Officer: \_\_\_\_\_

Address: \_\_\_\_\_  
STREET CITY/STATE ZIP

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Drivers Lic. #: \_\_\_\_\_  
(\*Social Security Number will be used for purposes of Identification in running record check). (\*Provide a copy of Driver's License).

Personal/Real Property Taxes Year 20\_\_\_\_\_ Paid? Yes ( ) No ( )  
(Attach most recent copy of each)

Registered Voter? YES ( ) NO ( ) (If yes, attach Voter Registration Certificate)

Name of Company: \_\_\_\_\_  
\*Please Circle One: (Individual) (Partnership) (Corporation)

Location Address: \_\_\_\_\_ Phone# \_\_\_\_\_

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

Address of Owner (If different than applicant) \_\_\_\_\_

Citizen of U.S.A.? ( ) YES ( ) NO

If Not Naturalized, Give Number: \_\_\_\_\_ Dist. \_\_\_\_\_

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**\*\*\*\*FOR OFFICAL OFFICE USE ONLY\*\*\*\***

Background Check: \_\_\_\_\_

Copy of Drivers License: \_\_\_\_\_ Date License Issued: \_\_\_\_\_

Copy of Voters Registration: \_\_\_\_\_ License Fee Amount: \$ \_\_\_\_\_

Copy of Personal/Real Property Tax: \_\_\_\_\_ Issued License: # \_\_\_\_\_

Social Security #: \_\_\_\_\_ Application Notarized: \_\_\_\_\_

Copy of Naturalized Citizen: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Application/Supplement Completed: \_\_\_\_\_ No Tax Due Letter (DOR) \_\_\_\_\_