

107 West Sears Avenue Owensville, Mo 65066

573-437-2812- Voice 573-437-5812 - Fax www.cityofowensville.com

Name of Business				
Address of Busine	ess	· · · · · · · · · · · · · · · · · · ·		
Mailing address		City	State	Zip
<u> </u>		City	State Z	ip .
Business Phone N	Number			
Business Fax Nur	mber			
Type of Business_				
Name of Owner(s)			
Address of Owner	•			
D4 C D:41.		City	State	zip
Date of Birth				
Contact Phone No	umber			
E-Mail				
Type of License:	<i>#</i> 7 0 0 0	D 1	Ø 46	
Manufacturing		O <u>—</u>		
Retail Sales		_		
Contractor	_\$10.00	Solicitor Etc	c\$25.	00 a da
Owned by: Individ	dual Par	tnership Co	orn.	LLC
Include License f				
Retail Sales Licen		· ·	illy ilist	ii uiice
	` • • •	•		
· I ANY AT VALLE SA	ics I un Lici			
: Copy of your Sa : A (NO SALES T		etter (573) 751.	-9268	
: Copy of your Sa : A (NO SALES T		etter (573) 751-	-9268	

(Continued)

Emergency conto	act if applicant can't	be reached	
<i>Name</i>	Number		
maintain Worke	ployees, as defined er's Compensation I Yes-Attach a c of Insu No -Exempt	nsurance cove copy of Certific	rage for your
	true and authorize		e Collector to
requested permit	information conto : affirm that I part		
Authorization P	rogram and do not not not have the legal	and shall no	ot employ any
Federal Law to v	work in the United Si	tates. (Missour	i HB 1549)
Print Name	-	Signature	
	*****	****	****
(Office Use Only) Approved/Reject	ed		
1-pp 10 / 0.0 = 10 j 0 0 0	City Collector	Do	ate
Business Owes N	•		
Owner Owes No	Taxes To City		
Business Owes N	No Taxes To County		
Business Owes N	No Sales Tax Pg.2		