



CITY OF DUENWEG BUSINESS LICENSE APPLICATION

BUSINESS NAME: _____

PHYSICAL LOCATION: _____ # OF EMPLOYEES _____ (FT)
_____ (PT)

CONTACT'S NAME: _____

BUSINESS MAILING ADDRESS: _____

BUSINESS TELEPHONE NO.: (____) _____ BUSINESS FAX NO.: (____) _____

OWNER'S PHYSICAL ADDRESS: _____

TELEPHONE NO.: (____) _____ CELL-PHONE NO.: (____) _____

APPLICANT'S RELATIONSHIP TO OWNER: _____

PROPOSED OPENING DATE: _____ LICENSE/SS#: _____

DESCRIPTION OF BUSINESS: _____ VEHICLE: _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION: _____

TODAY'S DATE: _____ SIGNATURE: _____

**ANY AMOUNT OWED TO THE CITY OF DUENWEG MUST BE PAID
PRIOR TO ISSUING A DUENWEG BUSINESS LICENSE**

PLEASE DO NOT MARK BELOW THIS LINE - FOR OFFICE USE ONLY

_____ NON-REFUNDABLE FEE

_____ HEALTH DEPT. OPERATING
PERMIT EXPIRATION DATE

_____ MO RETAIL SALES TAX NO.
OR WAIVER

_____ WORKER'S COMPENSATION
EXPIRATION DATE

_____ FIRE INSPECTION

_____ BUILDING/ELECTRIC INSPECTION

_____ ZONING

_____ RECEIPT NO.

_____ CUSTOMARY HOME
OCCUPATION WAIVER

_____ BUSINESS LICENSE NO.