

CITY OF ARNOLD, MISSOURI  
OUT OF TOWN BUSINESS LICENSE APPLICATION  
FOR LICENSE YEAR 09/01/2016 – 08/31/2017  
PLEASE MAKE CHECKS PAYABLE TO: City of Arnold  
RETURN COMPLETED APPLICATION TO:  
City Clerk's Office, 2101 Jeffco Blvd., Arnold, MO 63010  
Phone 636-296-2100 Fax 636-282-2392

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BUSINESS OR TRADE NAME: \_\_\_\_\_

NAME OF OWNER/PERSON TO APPEAR ON LICENSE: \_\_\_\_\_

BUS. LOC. ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

TYPE OF ORGANIZATION: \_\_\_\_INDIVIDUAL \_\_\_\_PARTNERSHIP \_\_\_\_CORP \_\_\_\_LLC

NUMBER OF INDIVIDUALS COVERED UNDER THIS APPLICATION: \_\_\_\_\_

**FEE SCHEDULE:**

0 TO 1	\$ 50.00	21 TO 75	\$ 500.00
2 TO 5	\$ 100.00	MORE THAN 75	\$1,000.00
6 TO 20	\$ 200.00		

I HEREBY CERTIFY THE FOREGOING IS A TRUE STATEMENT.

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME OF APPLICANT \_\_\_\_\_

**\*\*Construction Contractors must attach a certificate of insurance showing proof of liability and/or worker's compensation coverage and must list the City of Arnold as the Certificate Holder**

**\*\*\*If your business charges sales tax, you must attach a NO TAX DUE LETTER that can be obtained by calling the Mo Dept. of Revenue @ 1-573-751-3505**

SALES TAX ID NUMBER (if applicable) \_\_\_\_\_

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**FOR OFFICE USE ONLY:**

CERTIFICATE OF INSURANCE \_\_\_\_\_ NO TAX DUE LETTER \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ AMOUNT PAID \_\_\_\_\_ CHECK/CASH/CHARGE \_\_\_\_\_

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