

RENEWAL

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

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) _____

FOR OFFICE USE ONLY:

CERTIFICATE OF INSURANCE _____ NO TAX DUE LETTER _____

DATE RECEIVED _____ AMOUNT PAID _____ CHECK/CASH/CHARGE _____
