

RENEWAL
CITY OF ARNOLD, MISSOURI
IN TOWN BUSINESS LICENSE APPLICATION
FOR LICENSE YEAR 9/01/2016 – 8/31/2017
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: _____
(MUST INCLUDE ANYONE ASSOCIATED WITH THE BUSINESS)

FEE SCHEDULE BASED ON NUMBER OF PEOPLE ASSOCIATED WITH THE BUSINESS

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 _____

***IF YOUR BUSINESS CHARGES SALES TAX YOU MUST INCLUDE A CERTIFICATE OF
NO TAX DUE FORM FROM THE MISSOURI DEPARTMENT OF REVENUE***

SALES TAX ID NUMBER: _____

FOR OFFICE USE ONLY:

MONIES DUE: SEWER/STORM ACCT NO: _____ SS/NID ACCT NO: _____

CERTIFICATE OF INSURANCE: _____ BLDG DEPT: _____

CERTIFICATE OF NO TAX DUE: _____

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