

CITY OF HALLSVILLE
APPLICATION FOR BUSINESS LICENSE

_____ \$ _____
Legal Name of Business Amount Paid

_____ City State Zip Phone
Business Street & Mailing Address

_____ Type and/or Nature of Business (in detail)

_____ Number of employees in the City of Hallsville

_____ Type of Business: Sole proprietorship Partnership Corporation

_____ Full Name of Applicant Are you a US Citizen?

_____ Date of Birth Driver's Lic. No. Phone

_____ Home Address

_____ Have you ever had a bond, business or other license suspended or revoked in either this or any other state? If yes, give details:

_____ Does this facility discharge any wastewater into the City sewers, other than from restrooms? If yes, describe:

_____ Are you in debt or obligated to this city except current city taxes?

_____ Is Business Name registered with Missouri Secretary of State under Fictitious Name Law? If so, we can provide you with the form.

_____ Do you agree to have the Fire District perform an inspection of the premises to ensure that all applicable fire and safety codes are followed? Call 447-5000 prior to opening to schedule an inspection.

_____ Missouri retail sales tax I.D. Number:

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked this license will be immediately returned to the City Clerk. If there are changes in ownership or address or type of business conducted the City Clerk will be notified.

_____ Applicant's Signature: Date: _____