



BUSINESS LICENSE APPLICATION

Complete this license application and remit with license fee to:
City of Troy, 800 Cap Au Gris, Troy, MO 63379. If you have any questions, please call: (636) 528-4712

DATE: ____/____/____

BUSINESS NAME/ DBA: _____

BUSINESS PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

EMAIL ADDRESS: _____

TYPE OF BUSINESS*: _____

CIRCLE ONE (If Retail Merchant):
0 to 50,000 square feet 50,000 to 100,000 square feet 100,000 square feet and up

PHONE NUMBER OF BUSINESS: (____) ____ - ____

OWNER/ MANAGER/ PRESIDENT NAME: _____

OWNER'S HOME ADDRESS: _____

OWNER'S HOME PHONE NUMBER: (____) ____ - ____

SECONDARY CONTACT NAME: _____

SECONDARY CONTACT HOME PHONE: (____) ____ - ____

ITEMS SOLD OR MANUFACTURED** : _____

MISSOURI TAX NUMBER: _____

FEDERAL TAX NUMBER: _____

I certify that all statements made in this application/renewal are to the best of my knowledge correct. Should any of the statements be subsequently proved inaccurate, I understand the City of Troy, Missouri may suspend or revoke my business license.

Signature: _____

Date: _____

FOR OFFICE USE ONLY

Planning and Zoning Dept.

DATE APPROVED: ____/____/____ BY: _____

APPLICATION FEE:\$ _____ DATE PAID: _____

*If applicable, you must attach a copy of your Certificate of Insurance for worker's compensation coverage as required under Chapter 287.RSMo.

**If you are conducting retail sales, you must submit a "CERTIFICATE OF NO TAX DUE", which can be obtained from the Missouri Department of Revenue by calling (573) 751-9268.