



BUSINESS LICENSE APPLICATION

COMPLETE and SIGN this application to: City of Troy, 800 Cap Au Gris, Troy, Missouri 63379. If you have any questions, please call 636-528-4712.

DATE: _____

BUSINESS NAME/ DBA: _____

BUSINESS PHYSICAL ADDRESS: _____

MAILING 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** : _____

GENERAL DESCRIPTION OF INTENT: _____

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: _____ Dated: _____

OFFICE USE ONLY:

DATE APPROVED: ____/____/____ BY: _____

Planning and Zoning Dept.

***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.**