



BUSINESS LICENSE APPLICATION

Complete this license application and remit with license fee to:

City of Troy
800 Cap Au Gris
Troy, MO 63379
Phone: (636) 528-4712
Fax: (636) 462-2619

DATE: ____/____/____

BUSINESS NAME/ DBA: _____

BUSINESS PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

TYPE OF BUSINESS*: _____

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: _____

.....
FOR OFFICE USE ONLY

New Applications: Zoning verified for use _____

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.