



License #: _____

Business License Application

Complete this license application and remit to:

City of Troy, 800 Cap Au Gris, Troy, MO 63379.

If you have any questions, please call: (636) 528-4712

Or the completed application can be emailed to: tonyah@cityoftroymissouri.com

Once the license has been approved by the City Clerk, we will give you a call and let you know the amount of the license fee.

Date: _____

Business Name/DBA: _____

Business Physical Address: _____

Mailing Address: _____

Email Address: _____

Would you like your renewal application emailed? Yes No

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 Name: _____

Owner's Phone Number: _____

Owner's Home Address: _____

Secondary Contact Name and Phone Number: _____

Items Sold or Manufactured: _____

Missouri Tax Number: _____

Federal Tax Number: _____

Attach Copies of:

- MO Retail Sales Tax License stating you are in the City Limits of Troy**
- Certificate of No Tax Due Letter from the Missouri Department of Revenue (573-751-9268)**
Cities are not permitted to issue business license without this form of verification. If your business does not make retail sales, please sign here: _____
- If applicable, you must attach a copy of your Certificate of Insurance for worker's compensation coverage required under Chapter 287.061, RSMO.**

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.

****INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED****

Owner Signature: _____

Owner Printed Name: _____

Date: _____

FOR OFFICE USE ONLY

Date Approved: _____

By: _____

Application Fee: \$ _____

Date Paid: _____