

CITY OF STE. GENEVIEVE
165 S. Fourth Street
Ste. Genevieve, MO 63670
573.883.5400
(fax) 573.883.8105
APPLICATION FOR BUSINESS LICENSE

Date Premise Occupied _____ Business License Fee _____

1st Time Application _____ Renewal _____ Date _____

(If "renewal" fill out information in this box and sign and write "same" for unchanged information in other sections of this application)

Name of Business (dba): _____

Location: _____
Street City State Zip Business Phone Number

Email: _____

*** Email to be used for any communication by city staff. ***

Mailing Address (if different from above) _____
City State Zip Phone #

Name of owner of business OR (if a corporation), Name and Title of Company Officer responsible for above business:

Name: _____ Title: _____

Home Address: _____

City: _____ State: _____ Zip: _____ Home Phone: _____

If Business location shown above is a branch office, list name, address and phone number of parent corporation:

Name: _____ Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

What is the relationship of the Ste. Genevieve location to the parent corporation?

Sales _____ Subsidiary _____ Division _____ Other: _____

If business occupies other locations in Ste. Genevieve City, please list all addresses: _____

Name, Address and phone number of the rental agent or owner of the property:

Name Address City State Phone Number

Federal Employer ID No. _____

(Please submit Social Security No. of Business Owner if FEIN is not applicable)

Missouri Retail Sales and Use Tax No. _____

