



APPLICATION FOR BUSINESS LICENSE

THIS FORM IS REQUIRED FOR ALL BUSINESSES IN THE CITY OF ASHLAND

Date: ____/____/____ Business Name: _____

Person making this application is : Owner Co-Owner Manager Agent

Full Name of Applicant: _____ Phone : _____

Home Address: _____

City: _____ State: _____ Zip: _____

U.S. Citizen?: _____ SSN: _____

Ever convicted of any violation of laws or ordinances of this or any other state or municipality?
Other than minor traffic violations: _____ *If yes explain:* _____

Are you in debt or obligated in any manner to this city except for current taxes? _____

Legal Name of Business: _____

Business Location: _____

Mailing Address, If Different: _____

Nature of Business: _____

Is business name registered with Missouri Secretary of State under fictitious name law?: _____

Is this business a sole proprietorship? _____ Partnership Corporation LLC

Missouri Sales Tax I.D. #: _____

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to City Clerk.

Applicants Signature Date: ____/____/____

Subscribed and sworn to before me this _____ day of _____ 20____

Notary Public

My Commission will expire: _____