



Finance Department

6801 Delmar Boulevard, University City, Missouri 63130, Phone: (314) 505-8544, Fax: (314) 863-0921

BUSINESS LICENSE APPLICATION

LOCATION INFORMATION

Business Address:

Other business locations in University City (or previous location you are moving from):

Does your business operate in the University City Loop?
 Yes No

BUSINESS INFORMATION

Business Name (DBA):

Anticipated Business Opening Date: **Telephone:**

Fax: **Email for Licensing:**

Federal ID Number (FEIN): **Missouri Retail Sales Tax ID:**

Mailing Address: **City:** **State:** **Zip:**

Describe the activity of your business: **Is this a home-based business?** Yes No **Hours of Operation:**
Number of Employees:

Do you sell/serve any type of alcoholic beverage? Yes No **Do you make retail sales?** Yes No

Number of Vending Machines: **Vending Machine Owner Name/Address:**

BUSINESS OWNER INFORMATION

Ownership: Individual LLC Corp. - State Inc. Ltd. Partnership 501©3 Other _____

Owners, Partners, LLC Members, or Officers (For Additional Names, Please Attach List)	1)	Name			Title		
		Home Address				Driver's License #	
		City	State	Zip	Phone ()		
	2)	Name			Title		
		Home Address				Driver's License #	
		City	State	Zip	Phone ()		

DECLARATION OF AUTHORIZED REPRESENTATIVE

I hereby declare that the information provided above is true and complete.
Signature: **Date:**