

Cigarette License Application

BUSINESS NAME _____

BUSINESS ADDRESS _____ ZIP _____

CORPORATE/PARENT CO _____

MAILING ADDRESS _____ ZIP _____

TYPE OF BUSINESS _____

OTHER BUSINESS AFFILIATIONS _____

BUSINESS ALARM IF APPLICABLE _____

FAX () _____

LOCAL PHONE (_____) _____

CORPORATE/PARENT CO PHONE (_____) _____

BUSINESS OWNER _____

OWNER ADDRESS _____ ZIP _____

OWNER PHONE _____

OWNER SOCIAL SECURITY NUMBER _____

LOCAL CONTACT _____

FEDERAL ID, MISSOURI TAX ID AND OR SOCIAL SECURITY
NO _____

CERTIFICATE OF WORKMAN'S COMPENSATION INSURANCE FOR
CONTRACTORS (ONE OR MORE) _____

I hereby agree that all renewal applications made hereafter are due and payable on or before June 30th of the license year. Any payments made after that period shall be assessed a 10% penalty the first month and an additional 1% interest for each 30 day period thereafter. All delinquent amounts due the City including penalty and interest shall be paid in full prior to renewal of license.

I certify this information to be true per sections 8-62 and 8-63 of the City Code of Ordinances.

NOTE* FOR LICENSE TO BE ISSUED, ALL INFORMATION MUST BE PROPERLY FILLED OUT AND SUBMITTED TO THE DIRECTOR OF FINANCE.

SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

BUSINESS LIC NO _____ CATEGORY 850 FEE \$5.00

CASH _____ CHECK _____