

# City of Wright City

P.O. Box 436

Wright City MO 63390

636-745-3101 fax 636-745-3119



## Application for Business License/License Renewal

Name of Applicant \_\_\_\_\_

New License  License Renewal

Full Legal Name of Business Seeking Application/Renewal \_\_\_\_\_

Present Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_

Name of Business \_\_\_\_\_

Address \_\_\_\_\_

Own Building \_\_\_\_\_ Lease Building \_\_\_\_\_ Owner of Building \_\_\_\_\_

Mailing Address \_\_\_\_\_

Type of Business \_\_\_\_\_ Year Business Founded \_\_\_\_\_ Zoning District \_\_\_\_\_

Give a detailed explanation of your business activity for upcoming license period: \_\_\_\_\_

Have you ever had a business license denied, revoked or suspended whether in this or another state? \_\_\_Yes \_\_\_No

If "Yes", give details \_\_\_\_\_

Have you ever been arrested, charged with a crime, pleaded no contest to a crime; or been convicted? \_\_\_Yes \_\_\_No

If "Yes", give details \_\_\_\_\_

Has the Applicant received any complaints from the Attorney General or Better Business Bureau? \_\_\_Yes \_\_\_No

If "Yes", give details \_\_\_\_\_

Are you required to be covered by Workmen's Compensation Insurance? \_\_\_Yes \_\_\_No  
If so, please attach a copy of Certificate of Insurance.

Missouri Sales Tax Number \_\_\_\_\_  
If not, have you applied for one? \_\_\_Yes \_\_\_No

"No Tax Due Letter" from the Missouri Department of Revenue Attached: \_\_\_Yes \_\_\_No

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*I certify that all statements made in this application and any supplemental documents thereto are, to the best of my knowledge, correct. Should any of the statements be subsequently proved inaccurate, I understand the City of Wright City may suspend or revoke my business license. I am authorized by the Applicant to sign on his/her/its behalf and have read this application in its entirety. By signing this application, I hereby authorize and consent to a criminal background check.*

*Applicant hereby represents that the business conducted by Applicant does not and will not violate any ordinance of the City of Wright City and now complies and will continue to comply fully with the laws of the State of Missouri and the United States.*

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title or Relationship to Applicant \_\_\_\_\_

STATE OF MISSOURI            )  
  ) SS.  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, a Notary Public in and for said state, personally appeared \_\_\_\_\_, who being by me duly sworn did each say that he is the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same for the purposes and consideration therein expressed and as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid on the day and year first above written.

(SEAL)

\_\_\_\_\_  
Notary Public

My commission expires:

**OFFICIAL OFFICE USE ONLY**

No Tax Due Letter \_\_\_\_\_ Copy of Real Estate Tax \_\_\_\_\_ Copy of Personal Property Tax \_\_\_\_\_

License Number \_\_\_\_\_ Date License issued \_\_\_\_\_

Business License fee \$50.00 or \$ \_\_\_\_\_ Paid \_\_\_\_\_ Check Number \_\_\_\_\_