

City of Wright City
203 Veterans Memorial Parkway
Wright City, MO 63390
Phone: 636-745-3101
Fax: 636-745-3119

FILING DATE: _____
STAFF NAME: _____

**Supplemental Information for
New Application for City Business License**

Name of Managing Officer: _____

Address: _____
STREET CITY/STATE ZIP

Phone: _____ Date of Birth: _____

Social Security #: _____ Drivers Lic. #: _____
(*Social Security Number will be used for purposes of Identification in running record check). (*Provide a copy of Driver's License).

Personal/Real Property Taxes Year 20_____ Paid? Yes () No ()
(Attach most recent copy of each)

Registered Voter? YES () NO () (If yes, attach Voter Registration Certificate)

Name of Company: _____
*Please Circle One: (Individual) (Partnership) (Corporation)

Location Address: _____ Phone# _____

Name of Owner of Business: _____

Address of Owner (If different than applicant) _____

Citizen of U.S.A.? () YES () NO

If Not Naturalized, Give Number: _____ Dist. _____

******FOR OFFICAL OFFICE USE ONLY******

Background Check: _____

Copy of Drivers License: _____ Date License Issued: _____

Copy of Voters Registration: _____ License Fee Amount: \$ _____

Copy of Personal/Real Property Tax: _____ Issued License: # _____

Social Security #: _____ Application Notarized: _____

Copy of Naturalized Citizen: _____ Social Security #: _____

Application/Supplement Completed: _____ No Tax Due Letter (DOR) _____