



P.O. Box 436
Wright City, MO 63390
Phone 636-745-3101 Email: aogborn@wrightcity.org

Application for Business License

Name of Applicant _____

Present Address _____

Telephone Number _____ Cell/Pager _____

Email Address _____

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 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

(Complete Application on Back Page)

City of Wright City
636 Westwoods Road
Wright City, MO 63390
Phone: 636-745-3101
Email: aogborn@wrightcity.org

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 Driver's 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) _____