



CITY OF SEYMOUR, MISSOURI

BUSINESS LICENSE APPLICATION



417-935-4401 phone
417-935-2600 fax

cityhall@seymourmissouri.org
www.seymourmissouri.org

BUSINESS CONTACT INFORMATION

Date:

Company name:

Phone:

Fax:

E-mail:

Mailing address:

City:

State:

ZIP Code:

Missouri Tax Identification Number:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS INFORMATION

Primary business address:

City:

State:

ZIP Code:

Type of business:

Telephone:

Fax:

E-mail:

PRINCIPAL OFFICERS

President:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Vice President:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

Secretary/Treasurer:

Address:

City:

State:

ZIP Code:

Phone:

Fax:

E-mail:

AGREEMENT

1. All employees of the above referenced business are legal to work in the U.S. and in the State of Missouri.
2. The above referenced business is in good standing with the IRS and holds a no tax due receipt.
3. By submitting this application, you certify all of the above information is true and correct.

4. Amount due: \$30.00 due by July 1, 2015

SIGNATURES

Sign Here:

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