

CITY OF MOLINE ACRES

BUSINESS OCCUPANCY LICENSE RENEWAL APPLICATION

Calendar Year: _____

Company Name: _____ Missouri Tax ID # _____
Fax #: () _____ - _____
Phone #: () _____ - _____

Address: _____ Zip Code: _____

Mailing Address: _____ Zip Code: _____
(if different from above)

Owner's Name: _____

Owner's Address: _____ Zip Code: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

1. Associate's Name: _____

Home Phone: () _____ - _____ Cell Phone: () _____ - _____

What is your business registered as? Sole Proprietorship LLC Franchise Other

Emergency Contact: _____ Phone: () _____ - _____

Address: _____ Zip Code: _____

THIS REQUEST HAS BEEN APPROVED BY THE CITY OF MOLINE ACRES. THIS LICENSE WILL BE REVOKED IF THE APPLICANT IS FOUND NOT TO BE IN COMPLIANCE WITH THE CITY OF MOLINE ACRES.

I understand the terms and conditions listed in the above box. By signing below, I am agreeing that the information is true and I will comply with all of the city's ordinances.

Applicant's Signature Date

City Clerk Signature Date

-----FOR OFFICE USE ONLY-----

Type of License: _____ License mailed: ____/____/____

License Number: _____ Receipt #: _____ Expiration Date: ____/____/____

2449 Chambers Rd. * St. Louis, MO 63136
Phone: (314) 868-2433 * Fax: (314)868-2590