



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

**Application for Occupational License**

Legal Name of Business: \_\_\_\_\_ Missouri Sales Tax #: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Federal ID # or Social Security #: \_\_\_\_\_

Applicant Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Owner's Phone #: \_\_\_\_\_

Name of Owner(s): \_\_\_\_\_

Address of Owner(s) \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Type of Business: \_\_\_\_\_ Drivers License #: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Will liquor of any type be sold or served at this location?  Yes  No Year Established: \_\_\_\_\_

I, \_\_\_\_\_ do hereby certify that the foregoing is a true and correct statement.

Should any of the statements be subsequently proven inaccurate I understand the City of Warrenton may suspend or revoke my Occupational License. All licenses must be renewed annually. I also understand that a license will not be issued if any past due City of Warrenton taxes are owed.

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

Printed Name: \_\_\_\_\_ Title or Relationship to Business: \_\_\_\_\_

**CITY HALL STAFF ONLY**

Group Classification: \_\_\_\_\_

License Number Issued: \_\_\_\_\_ Fee Due for License: \_\_\_\_\_