



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: _____