

CITY OF WAYNESVILLE  
100 Tremont Center  
Waynesville, MO 65583

Phone: 573-774-6171

Fax: 573-774-5647

BUSINESS LICENSE APPLICATION

Date: \_\_\_\_\_ Business Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Location if different than above: \_\_\_\_\_

Description of Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Retail Sales: Yes \_\_\_ No \_\_\_ Sales Tax Number \_\_\_\_\_

Contractor: Yes \_\_\_ No \_\_\_ Affidavit of Work Authorization: Yes \_\_\_ No \_\_\_

**List of Attach Copies of: (2) sources of Identification (1 being Photo ID)**

1. \_\_\_\_\_ 2. \_\_\_\_\_

**Any of the following below if applicable to your business:**

- Retail Sales License
- No Sales Tax Due Form
- Work Authorization
- Workman's Compensation
- Proof of Insurance
- Any State License

Have you or any person having a financial interest in the proposed business ever been convicted of a violation of law or ordinance of this or any other State or Municipality other than minor traffic offenses? **Yes \_\_\_ No \_\_\_**

If yes state offence (s), date (s), and results: \_\_\_\_\_

Building must comply with zoning regulations, and any other inspections as may be required by the Building Department.

Upon my oath of affirmation, I swear or affirm that the foregoing information is correct and that if any of the foregoing information changes or is otherwise no long accurate, I will promptly provide correct information to the Waynesville City Clerk. I authorize any person or organization to provide verification of any of the foregoing information.

Signature of Applicant: \_\_\_\_\_

No license shall be issued less than 72 hours after application. All City licenses expire on December 31<sup>st</sup> unless otherwise specified by City Ordinance. Licenses are non-Transferable.

List Name, Address and Social Security number of other individuals having any financial interest in proposed business:

Name	Address	Social Security Number
_____	_____	_____
_____	_____	_____