

City of Waynesville
601 Historic Rt. 66 W
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 and Attach Copies of: (2) sources of Identification:

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 offense (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 or 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.

I further state that the Business for which this license is sought, nor any person having any financial interest therein, is now in default in the payment of any amount due to the City of Waynesville for any reason.

Signature of Applicant: _____

No license shall be issued less than 72 hours after application. All City licenses expire on December 31st 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
_____	_____	_____
_____	_____	_____