



# CARROLL COUNTY MERCHANT'S LICENSE APPLICATION

LICENSE VALID JANUARY 1 THROUGH DECEMBER 31 OF CURRENT YEAR



PLEASE TYPE OR PRINT CLEARLY

## INFORMATION REGARDING BUSINESS

MISSOURI STATE SALES TAX NUMBER (8 DIGITS)         **REQUIRED**

LEGAL NAME (CORPORATION/COMPANY/INDIVIDUAL/LLC) \_\_\_\_\_

ADDRESS \_\_\_\_\_

FOR ABOVE (STREET) (CITY) (STATE) (ZIP CODE)

TELEPHONE NUMBER (FOR ABOVE) \_\_\_\_\_

NAME OF BUSINESS IN CARROLL COUNTY \_\_\_\_\_

BUSINESS LOCATION IN CARROLL COUNTY \_\_\_\_\_

(STREET) (CITY) (ZIP CODE)

MAILING ADDRESS FOR LICENSE RENEWAL \_\_\_\_\_

(STREET) (CITY) (ZIP CODE)

TELEPHONE # FOR CARROLL COUNTY LOCATION \_\_\_\_\_

DATE BUSINESS OPENED \_\_\_\_\_ NATURE OF BUSINESS \_\_\_\_\_

DO YOU EMPLOY FIVE OR MORE PEOPLE? YES OR NO

IF NO, PLEASE SIGN HERE \_\_\_\_\_

IF YES: I HEREBY CERTIFY THAT ALL REQUIREMENTS OF RSMO SECTION 287 CONCERNING WORKMAN'S COMPENSATION INSURANCE HAVE BEEN COMPLIED WITH:

## INFORMATION REGARDING APPLICANT:

APPLICANT IS: OWNER  MANAGER  AGENT

LEGAL NAME OF APPLICANT \_\_\_\_\_

(PLEASE PRINT)

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**PAYMENT MAY BE MADE BY CHECK OR MONEY ORDER.**

**ATTACH PAYMENT OF \$25.00 TO APPLICATION - MADE PAYABLE TO:**

**MEGAN ENDICOTT, COLLECTOR**

**8 S MAIN, SUITE 2 \* CARROLLTON, MO 64633**