

must first obtain a sign permit from Ballwin.

NEW BUSINESS / OCCUPATION LICENSE APPLICATION

For the year ending March 31,____

GENERAL BUSINESS INFORMA	ATION:			
DBA Business Name:			Telephone No	
Local Business Address:			Zip Code:	
Legal Business Name:				
Billing Address:			Zip Code:	
Email Address:				
Sole	Proprietorship Partr	nership Corporation	LLC Other	
If this location is a branch office	e, list name, address and p	hone number of parent corp	ooration:	
Name, address, and phone nu	mber of rental agent □ or o	wner of property \Box :		
N		IDIVIDUAL OWNER, ALL PAR		
NAME	TITLE	OFFICERS and LOCAL MANA ADDRESS	AGERS ZIP	PHONE
	Local Mgr			
Telephone Service Provider: Nature of Business/Products S No of Employees: Full Time Does applicant collect Missour	old:Part Time0	Gross Floor Area:	Sq. Ft	
LICENSE FEE INFORMATION:				
□ EXEMPT OCCUPATION or	NONPROFIT ORGANIZATIOI	N (No fee, but license inform	nation is requested.)	
☐ SQUARE FOOTAGE: \$0.10 Square Footage of Floor Area		ace (\$100.00 minimum) <i>(Pa</i> sq. ft. x \$0.10	-	•
☐ GROSS RECEIPTS: \$1.00 per \$1,000.00 of annual gross sales (\$100 minimum) Estimated gross receipts for current year ending December 31 \$				
AFFIDAVIT:		_		
states that he/she is information stated herein is true and correct to the best of his/her knowledge.			of the above-named busin	ess, and that all
Signature of Applicant:			Date:	
Printed Name of Applicant:				
RETURN THIS FORM WITH YO			MANCHESTER RD., BALLWI	N, MO 63011.
All license applications will fir occupied must be inspected a permit must be obtained by the	nd approved by the City of	Ballwin and the Metro Wes	t Fire Protection District a	nd an occupancy