



16 West Church Street  
Bowling Green, MO 63334  
573-324-5451 Phone  
573-324-2644 Fax  
[www.bowlinggreen-mo.gov](http://www.bowlinggreen-mo.gov)

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**APPLICATION FOR BUSINESS LICENSE**

Date: \_\_\_\_\_ Amount Due: **\$25.00**  
Business name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone number: \_\_\_\_-\_\_\_\_-\_\_\_\_ Type of Business: \_\_\_\_\_

**Please answer the following questions:**

(1) Person making application is: Owner \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_

(2) Full name of applicant \_\_\_\_\_

(3) Is applicant a U.S. citizen? Yes \_\_\_\_\_ No \_\_\_\_\_

(4) Applicant's date of birth? \_\_\_\_\_ Social Security # \_\_\_\_\_

(5) Home address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Business Phone # \_\_\_\_\_

(6) Is applicant a qualified voter and tax-paying citizen of Missouri? Yes \_\_\_\_\_ No \_\_\_\_\_

(7) Have you ever had a bond, business license or any other license or permit suspended or revoked in either this, or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_

(8) Have you been convicted of any violation of laws or ordinances of this or any state or municipality (other than minor traffic violations)? Yes \_\_\_\_\_ No \_\_\_\_\_

(9) Does or will this facility discharge any wastewater into the City sewers, other than restrooms? Yes \_\_\_\_\_ No \_\_\_\_\_

(10) Do you sell cigarettes? Yes \_\_\_\_\_ No \_\_\_\_\_

Missouri Tax Number \_\_\_\_\_ City Tax Number \_\_\_\_\_

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct, or false statement. If the business ceases operation or if license is suspended or revoked, said license will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified. (If corporation, President and Secretary must sign and affix the corporate seal)

(Corporate Seal)

Attest:

\_\_\_\_\_  
Signature of Applicant Date

