



16 West Church Street
Bowling Green, MO 63334
573-324-5451 Phone
573-324-2644 Fax
www.bowlinggreen-mo.gov

**PEDDLERS AND SOLICITORS
APPLICATION FOR BUSINESS LICENSE**

Please print or type:

Legal name of business: _____

Full name of applicant: _____

Home address: _____

Home Phone # _____ Business Phone # _____

Type and/or nature of business: _____

Length of time desired to do business: _____

Is applicant a U.S. citizen? Yes _____ No _____

Applicant's date of birth: _____ Social Security # _____

Applicant's drivers license number: _____

Description of vehicle used: _____

License plate number of vehicle used: _____

Is applicant a qualified voter and tax-paying citizen of Missouri? Yes _____ No _____

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 _____

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 _____

If yes, please explain _____

Missouri Tax Number _____ Federal 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.

Signature of Applicant Date