

CITY of AURORA

2016/2017 Business License Application

ANNUAL LICENSE FEE: \$25.00 for JULY 1ST thru JUNE 30th

Please check the items that apply:

NEW RENEWAL MERCHANT CONTRACTOR SERVICE PROVIDER HOME-BASED

NAME OF BUSINESS		FED/STATE ID #	
STREET ADDRESS OF BUSINESS	CITY	STATE	ZIP CODE
MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
OFFICE PHONE	FAX NUMBER	CELL NUMBER	EMAIL ADDRESS
STATE SALES TAX # (if applicable)	# OF W-2 EMPLOYEES	# OF VEHICLES LICENSE TO BUSINESS	

BRIEF DESCRIPTION OF BUSINESS: _____

SEXUALLY ORIENTED BUSINESS OR PRODUCTS? NO YES (If YES, please explain on back of form.)

NAME(S) OF BUSINESSES LEGAL OWNER(S) HOME ADDRESS, CITY, STATE, AND ZIP CODE

CONTACT PHONE NUMBER DRIVERS LICENSE #

Home-Based Business: Do you have any wholesale or retail sales of products at residence? YES NO
Is work performed away from the residence (Mobile-type business)? YES NO

Farmers Market Producer: Do you raise your own produce for resale? YES NO
Do you resale produce purchased from other vendors? YES NO
Do you sell other items at retail? YES NO

NOTICE To: Merchant, Service Provider and Contractors;

By signing this application, you affirm that you participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal law to work in the United States. (Missouri House Bill 1549)

Any Businesses or Contractors selling at retail will be required to submit a certificate of "No Tax Due Statement" from the Missouri Department of Revenue and "Worker's Comp Forms" before a Business License can be issued.

(Allow 3 to 5 Business Days for processing Application)

Print Applicants Name Signature of Applicant Date

LICENSE EXPIRES JUNE 30, 2017

(For office use only)

Building Inspector / Date signed	City Clerk / Date signed
Property Zoning _____	Information Forms: "No Tax Due Statement" _____ Worker's Comp. _____
<input type="checkbox"/> Approved <input type="checkbox"/> Denied	Payment: Cash \$ _____ Check # _____ Credit Card _____
Issued Date/By _____	Received by: _____ Receipt# _____ Customer # _____