

CITY of AURORA

2017/2018 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, 2018

(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# _____