



City of Rolla
 Finance Department
 P.O. Box 979
 Rolla, MO 65402
 (573) 426-6982
 (573) 426-6984 fax

BUSINESS LICENSE APPLICATION

BUSINESS NAME _____

PHYSICAL LOCATION _____ # OF EMPLOYEES _____ (FT)
 _____ (PT)

BUSINESS MAILING ADDRESS _____

BUSINESS TELEPHONE NUMBER _____ FAX NUMBER _____

BUSINESS OWNER'S NAME _____ E-MAIL _____

OWNER'S PHYSICAL ADDRESS _____

TELEPHONE NUMBER _____ CELL-PHONE NUMBER _____

APPLICANT'S RELATIONSHIP TO OWNER _____

PROPOSED OPENING DATE _____ LICENSE/SOCIAL SECURITY # _____

DESCRIPTION OF BUSINESS _____ VEHICLE _____

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION _____

DATE _____ SIGNATURE _____

ANY AMOUNT OWED TO THE CITY MUST BE PAID PRIOR TO ISSUING A ROLLA BUSINESS LICENSE

PLEASE DO NOT MARK BELOW THIS LINE – FOR OFFICE USE ONLY

_____ NON REFUNDABLE FEE

_____ MO RETAIL SALES TAX
 NUMBER OR WAIVER

_____ FIRE

_____ ZONING

_____ CUSTOMARY HOME
 OCCUPATION WAIVER

_____ HEALTH DEPT. OPERATING
 PERMIT EXPIRATION DATE

_____ WORKER'S COMP. EXPIRA-
 TION DATE

_____ RECEIPT NUMBER

_____ BUILDING/ELECTRIC