

CITY OF LEXINGTON, MISSOURI
BUSINESS/OCCUPATIONAL LICENSE APPLICATION

Check one of the following:

New business application
 Renewal application

New location
 New ownership

Name of Business: _____

Type or nature of business: _____

Location of business: _____
 inside city limits outside city limits

Street address: _____

Mailing address: _____

City, State, Zip: _____

Phone Number: _____

Is this business owned by:

Sole Proprietor Partnership Corporation

Owner's Name: _____

Owner's Home address: _____

Owner's City, State, Zip: _____

Owner's Home Phone Number: _____

Owner's Social Security Number: _____

Partner's Name & Address(if applicable): _____

Are you bonded? YES _____ NO _____

If YES, Name & Address of Insurance Company: _____

If business is located inside the city limits, are business premises:

Owned Rented

Land Owner: _____

Address of Owner: _____

City, State, Zip: _____

Alcohol and Cigarettes

Will the above mentioned business be involved in the sale or distribution, either retail or wholesale, of:

YES NO Beer, Liquor, Wine, or other intoxicating beverages
YES NO Cigarettes

If business is to be conducted on other than a yearly basis, please provide:

Date you wish to begin conducting business: _____
Date you will cease business: _____

State Sales Tax ID# _____

Approximate number of employees: _____

I state that I am the applicant and hereby declare all above statements to be true and correct. I realize any false statements may result in denial or revocation of license.

I understand that approval of this application for a license may be denied if I am delinquent in payment of any taxes or fees owed by myself, or by my business (City Code 3-15). I further understand that any future delinquencies of taxes or other fees, either by the owner or the business, may result in the denial of this application or revocation of the license (City Code 13-16).

I also understand that any licenses issued to me are not to be assigned or transferred (Code 13-7). I understand that the licensed business is to be operated only on licensed premises (Code 13-9) and it is my duty to post this license in a prominent place on the premises for such business at all times (Code 13-12). It is my responsibility to notify the City Clerk if I wish to change locations or if the ownership of the business will change during the term of the license.

I understand that my business location must be in compliance with the City of Lexington Zoning Ordinance (Chapter 29), and that the approval of this application depends upon the verification of my compliance with this zoning ordinance.

Signature

Title

Print or type name

Date

