



**MERCHANT'S LICENSE
APPLICATION
ST. FRANCOIS COUNTY, MISSOURI**
License period January 1st through December 31st

e se
ate

INFORMATION REGARDING BUSINESS:

MISSOURI STATE SALES TAX NUMBER (8 digits) **required**

LEGAL NAME (corporation/individual/company/llc) _____

ADDRESS _____
For Above (street) (city) (state) (zip code)

TELEPHONE NUMBER _____
For Above

BUSINESS NAME _____

BUSINESS LOCATION ADDRESS _____
(street) (city) (state) (zip code)

MAILING ADDRESS FOR LICENSE RENEWAL _____
(street) (city) (state) (zip code)

TELEPHONE _____ **DATE BUSINESS OPENED** _____
For St. Francois County Location

NATURE OF BUSINESS _____
(retail clothing, restaurant, etc)

INFORMATION REGARDING APPLICANT:

APPLICANT IS: OWNER MANAGER AGENT

NAME OF APPLICANT _____
Please print (last name) (first name) (middle initial)

E-MAIL ADDRESS _____ **TELEPHONE** _____
(if available)

Signature of Applicant _____ **Date** _____

Payment of \$25.00 by check, money order, or credit card **payable to Angie K. Usery, St. Francois County Collector** at:

St. Francois County
Angie K. Usery, Collector
1 W. Liberty, Suite 201
Farmington, MO 63640

