



102 E Market New _____ Renewal _____
PO Box 8 License Fee _____
Diamond, Mo 64840 License # _____
417-325-4220 Cash _____ Check _____
Fax: 417-325-4230

Full Legal Name of Company: _____

List all other names used by the Company: _____

Business Address _____ City _____ State, Zip _____

Name of Owner(s) {please print} _____

Name of Contact _____

Company is: Sole Proprietorship Partnership Corporation Limited Liability Co Other(describe) _____

Will this business make retail sales? Yes No

Company Federal ID# _____ Company Missouri Tax ID# (MITS) _____

Business Phone _____ Home/Cell Phone _____

Fax: _____ E-Mail _____

Principal Product or Service Provided/Nature of the Business _____

WILL THERE BE ANY DOOR TO DOOR SALES YES/NO

If yes, provide personal information for representative and vehicle information:

Name _____ DOB _____

Driver's License Number _____ State _____

Vehicle Year and Make _____ Lic. Plate _____ State _____

Name _____ DOB _____

Driver's License Number _____ State _____

Vehicle Year and Make _____ Lic. Plate _____ State _____

Rules and regulations of business solicitation are regulated by state law and city ordinance. It is the responsibility of all parties wishing to do business in Diamond, Missouri to know the regulations. If you do not know then you must ask.

It is illegal to submit false information on this application. By signing this application you are stating that everything on this application is true and correct to the best of your knowledge, and that you understand the conditions and terms of this agreement and the laws applicable to business. False statements are punishable by law.

Signature: _____ Date: _____