

CITY OF WELLSTON

1414 Evergreen, Wellston, MO 63133

Business license / Peddler License Application

**Mayor Nathaniel Griffin****Application Date:** ____ / ____ / ____**2021 RENEWAL**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the City Clerk's Office of the City of Wellston.

APPLICANT INFORMATION			
Last Name:	First:	M.I.	DOB:
Street Address:		Apartment/Unit #:	
City:	State:	Zip:	
Home Phone:	Cell Phone:		
Business Phone:	Social Security No. Xxx -xx-	Email Address:	
Business Type:			
Will you be purchasing an existing business? Yes <input type="checkbox"/> No <input type="checkbox"/>		If no, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Day(s) of Operation	MON <input type="checkbox"/> TUE <input type="checkbox"/> WED <input type="checkbox"/> THU <input type="checkbox"/> FRI <input type="checkbox"/> SAT <input type="checkbox"/> SUN <input type="checkbox"/>		
Hours of Operation	OPEN:	AM/PM	CLOSE: AM/PM
What describes your business?	Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/>		
Has business name changed?	Yes <input type="checkbox"/> No <input type="checkbox"/>		
If yes, what was the former business name:			
Name of previous owner (if applicable):			
Name of Business:			
Business Address:			
Business Phone Number			
Federal Identification Number:			
Emergency Contact (Nearest Relatives):			
IDENTIFICATION			
License Fee \$250.00	Date Paid:	Issued By:	
	Date Issued:	Title:	

CITY OF WELLSTON MOVING FORWARD!**PHONE: (314) 553 - 8001**