

City of Macon
106 W. Bourke
PO Box 445
Macon, MO 63552

Telephone: 660-395-6840
Fax: 660-395-0103

Application For Business License

New License _____ Renewal _____

Person making application is: Owner _____ Manager _____ Agent _____

Full name of applicant: _____

Address of applicant: _____

Telephone number of applicant: _____

Applicant's date of birth: _____

Applicant's driver's license number: _____

Legal name of business for which application is being made: _____

Address of business: _____

Telephone number of business: _____

Type of business: _____ Email address: _____

Missouri tax identification number: _____

Zoning district for location of business: _____

State of Missouri)

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County of Macon)

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct, or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to the City of Macon. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City of Macon will be notified.

Applicant's Signature

FOR CITY USE ONLY	
DATE RECEIVED: _____	FACILITY INSPECTION DATE: _____
AMOUNT DUE: _____	BUILDING INSPECTOR APPROVAL: _____
AMOUNT PAID: _____	DATE OF LICENSE ISSUANCE: _____
ISSUED BY: _____	