



CITY OF BUCKNER

APPLICATION FOR BUSINESS/OCCUPATIONAL LICENSE

315 S Hudson, Buckner, MO 64016 / 816-650-3191 or 816-650-9797 (fax)

Due: April 1st, Delinquent May 1st / Yearly Application Fee: \$50.00

LICENSE #

New _____ Renewal _____

Date of application _____

Legal Name of Business _____

() Individual () Partnership () Corp.

Business Street Address _____

City _____

State _____

Zip _____

Mailing Address (If different from above) _____

Type and/or Nature of Business & Description of Merchandise to be Sold or Services to be Rendered _____

Name & Address of Owners of Officers _____

Contact Person _____

Title _____

Business Phone _____

Other Phone Numbers _____

Contact Name after hours in an emergency _____

State Sales Tax ID Number: _____

Federal ID Number: _____

Number of Employees: Full Time: _____ Part Time: _____ Business Hours: _____

Do You Sell Cigarettes? _____ Over the counter? _____ By vending Machine? _____

Name of Cigarette Vendor: _____ State Retail Sales Tax Number of Vendor: _____

Mail Check or Money Order Payable To:

Attn: Licensing Department

City of Buckner

P.O. Box 377

Buckner, Missouri 64016

Office Use Only:

Taxes Current: _____

Certificate of Insurance Rec'd: _____

Special Conditions if Any: _____

I, the undersigned, do hereby declare that the above information submitted to the City of Buckner, for the purpose of obtaining an occupational license for the above described business, is true and correct to the best of my knowledge.

Signature _____

Title _____