



Application for or Renewal of City Business License
City of Russellville, Missouri
Business Licenses are required in accordance with
City of Russellville Code Chapter 600
GENERAL BUSINESS ONLY – NOT LIQUOR

Name of Company: _____

***Please Circle one:** (Individual) (Partnership) (Corporation) (LLC)

Business Address: _____
STREET CITY/STATE ZIP

Billing Address: _____
STREET CITY/STATE ZIP

Business Phone and/or Cell Phone number: _____

Name of Owner of Business: _____

Address of Owner: _____

Home Phone and/or Cell Phone number: _____

Manager Name & Number (if applicable): _____

Tax I.D. No. or SSN: _____ **Driver's License #/State:** _____
Copy of Department of Revenue Sales Tax Certificate (required)

Type of work, sales or service: _____
If selling food (not pre-packaged), copy of Cole County Public Health Department Certificate is required

Bonded? _____ **if yes, with whom:** _____

Insured? _____ **if yes, with whom:** _____

Work Comp Insurance? _____ **if yes, with whom:** _____

Signature (Owner): _____ **Date:** _____

City of Russellville
Physical Address: 13203 Railroad Avenue
Mailing Address: P O Box 128; Russellville, MO 65074
Phone: 573-782-3511 Email: clerk.russellvillemo@outlook.com

****FOR OFFICE USE ONLY****

Identity Confirmed by: _____ **License Number:** _____ **Date Issued:** _____

License Fee Amount: \$ _____ **Method of Payment:** Check # _____ Credit Card _____ Cash

Approved by: _____ **Expiration Date:** _____