



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

Name of Company: _____

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

Business Address: _____
STREET _____ CITY/STATE _____ ZIP _____

Billing Address: _____

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)

Copy of State of Missouri Liquor License (Required)

Type of License (circle): All of the following include Sunday Sales: Beer Only Beer/Wine Only Liquor by the Drink
Retail Package (No Sunday) Retail Package Sunday Sales Picnic

Type of work, sales or service: _____

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*

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

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

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