



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: _____
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)

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: _____
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: _____