

CITY OF PACIFIC
300 HOVEN DRIVE
PACIFIC, MO 63069

636-271-0500
Fax: 636-257-7017

AFFIDAVIT OF BUSINESS LICENSE APPLICATION

New: _____ Renewal: _____ Date of Application: _____ day of _____, 20__.

Fee: \$ 50.00 – PAYABLE TO THE CITY OF PACIFIC.

Business Name: _____ Phone () _____
(Print)

Address: _____

Nature/Type of Business: _____

Owners(s), Partnership, Officers, Directors and/or Manager (if applicable):

Name: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Social Security Number: _____

Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License Number _____ Expires: _____

Name: _____
(Last) (First) (Middle)

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Social Security Number: _____

Date of Birth: _____ Height: _____ Weight: _____ Hair: _____ Eyes: _____

Driver's License Number _____ Expires: _____

Do you have any delinquent bills owed to the City of Pacific or State of Missouri? Y ____ N ____

If Yes, state type and amount: _____

List your Missouri State Retail License Number: _____

The Worker's Compensation Reform Bill mandates that cities which issue business licenses "require a certificate of insurance for workers compensation coverage". All businesses with five or more employees (including part-time and temporary) must have coverage. All construction companies with one or more employees must provide insurance (except those with only two owners and no other employees.)

I/we hereby declare that this application is true and correct to the best of my knowledge and understand that any false or misleading statements may be ground for revocation or suspension of this City License, and any violation of City, State, Federal laws may also be grounds for suspension or revocation of this license.

Signed: _____

Signed: _____