



CITY OF WENTZVILLE, MISSOURI
BUSINESS OWNER
SOLICITORS LICENSE APPLICATION

TO BE COMPLETED FULLY BY BUSINESS OWNER: \_\_\_ For Profit \_\_\_ Not for profit

Business name: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_
Phone Number

Business Address: \_\_\_\_\_

Business Owner: \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Missouri Sales Tax ID#: \_\_\_\_\_

A copy of the Sales Tax Certificate is required

Do you collect Sales Tax? : Yes \_\_\_\_\_ No \_\_\_\_\_

If no, Explain:

\_\_\_\_\_
\_\_\_\_\_

If no Sales Tax Certificate, a copy of your Registration from the Secretary of State is required.

Description of the nature of the business and goods to be sold: \_\_\_\_\_

\_\_\_\_\_
\_\_\_\_\_

I have received and read the Ordinance 3707. \_\_\_\_\_
Initials Date

I, the undersigned, as the representative of the business confirm that said business, has been properly registered with the Missouri Department of Revenue and/or the Secretary of State.

Applicant Signature

Date

Print Name