

**City of Carl Junction
Occupation License Application**



Date: _____

Business Name: _____

Proprietorship Partnership LLC Corporation

Owner/President's Name: _____

Business Address: _____

Mailing Address: (If different) _____

Business Phone #: _____

Fax #: _____

Emergency Phone #: _____

Federal Tax Identification Number: _____

MO Sales Tax #: _____

Type of Occupation: _____

(Only One Type of Occupation Per Application)

Insured: Yes No If yes with whom: _____

Work Comp Ins: Yes No If yes with whom: _____

(Note: If you are a contractor, you are required to carry this insurance if you have any employees)

Number of Employees: (If applicable) _____

Personal Information of Applicant

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone #: _____

Cell Phone #: _____

I, the undersigned certify that the above information is true and accurate.

Signature of Applicant: _____

Office Use Only

Identification Used: (i.e. Drivers License) _____

Expiration Date of Identification Document: _____

Approved By: _____

(Signature of Office Employee)