

**City of Bethany
Business License Application**

Legal Name of Business: _____
Business Location: _____
Business Phone: _____
Business Email: _____
Business Mailing Address: _____

Owner/Manager Name: _____
Owner's Home Address: _____
Owner's Home Phone: _____
Owner's Cell Phone: _____

Federal Employer ID Number: _____
Missouri Sales Tax ID Number: _____

Describe the kind of business, goods, or services being sold:

The following are emergency contacts in case of alarm, fire, or other emergency at the above business location:

1st Priority Contact:
Name: _____
Address: _____
Phone: _____

2nd Priority Contact:
Name: _____
Address: _____
Phone: _____

Signature: _____
Date: _____

For License to be issued, all information must be properly filled out and given to the City Clerk with the required license fee. Operating without a business license is a city code violation.