## **Service License Application**

2018-2019 Farmington

ase check the appropriate classific	eation: New Applicant	Renewal	☐ Address Change	
<b>Business Information:</b>				
Business Name:				
Business Address:				
Mailing Address (if different): _				
Business Phone:	Service Provided:			
Federal Tax ID #:	or Social Security #:			
Owner/Contact Information:				
Owner/Contact Name:				
Owner/Contact Address:				
	Relationship to Company:			
To the City of Farmington:				
I,	, the undersigned, hereby make application for license			
authorizing my company to enga	age in such business in the	City of Farmir	ngton as stated herein and	
agree to pay appropriate license	fee and submit proof of liab	bility insuranc	e, State license etc., as set	
forth.				
THE FOLLOWING STATEMENT IS PENALTY OF PERJURY, THAT I AS WILL NOT KNOWINGLY EMPLOY THE BUSINESS FOR WHICH THIS	M A CITIZEN OR NATIONAL A PERSON WHO IS AN UNA	OF THE UNITE UTHORIZED A	ED STATES. I DO NOT AND	
Signature of Applicant:	Г	<b>)</b> ate·		

- ⇒ Contractors need to fill out a contractor license application and submit it to the Public Works Clerk.
- ⇒ Taxi Cab and Solid Waste and Recyclable Businesses are required to submit proof of liability insurance.
- ⇒ If your business offers items at retail, you need to submit a merchant license application.
- ⇒ If your business is new or relocating, please contact the Development Services Department to ensure that your location is properly zoned for the proposed type of business.

## Submit application & payment to:

City of Farmington Attn: City Collector 110 W Columbia Street Farmington, MO 63640

## **City Hall Business Hours:**

Monday - Friday 8:00 A.M. - 4:30 P.M.

Phone Number: 573-756-1701

FOR OFFICE USE ONLY:							
Paid \$ with Check #	<u> </u>			Cash			
Received on:	_ R	eceip	t #:				
Received by:	_						
Required Documents Received:	Y	N	N/A				
License Mailed/Emailed/Picked Un:							