

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 # _____ E-mail address: _____

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)