



CITY OF TWIN OAKS

1381 Big Bend Road – Twin Oaks, MO 63021

Phone (636) 225-7873 – Fax (636) 225-6547 www.cityoftwinoaks.com

APPLICATION FOR BUSINESS LICENSE

Application must be completed in full

Applicant's Name: _____

Applicant's Address: _____

Business Name & Phone Number: _____

Proposed Address within City: _____

Products and/or Services Offered: _____

Is Business operation a franchise? _____ If yes, name: _____

Name(s) of Persons or Corporation who will Execute Lease: _____

Name and address of any other Business owned by you in the St. Louis Area: _____

Is Business Incorporated? _____ Yes _____ No

If yes, state the following:

Name of Corporation: _____

State and Date of Incorporation: _____

Name and Address of Officers: _____

If no, state the following:

Name and Address of Owner(s) other than applicant: _____

Previous Business Experience: _____

How many Employees do you anticipate hiring for start-up? _____

Would you consider hiring from the City? _____

What do you anticipate as your first year's gross receipts? _____

Proposed hours of operation and days of the week: _____

Credit References: _____

Following Items are Required:

1. **FLOOR Plan and DETAILED SIGN Plan (must be submitted with Application)**
2. **Copy of STATE Retail Sales License (must be submitted with Application)**
3. **OCCUPANCY INSPECTION – contact City Office for details at 636-225-7873**
4. **ELECTRICAL & PLUMBING PERMITS (if applicable) – Contact St. Louis County for details at 314-889-2146**
5. **LIQUOR LICENSE (if applicable) – contact City Office for Application at 636-225-7873.**

I hereby make application for a business license to do business within the City of Twin Oaks at the above reference address. My signature on this application gives permission for credit verification.

Signature of Application

Date

FOR CITY OF TWIN OAKS USE ONLY

Application Approved By

Date