



THE CITY OF  
**PERRYVILLE**  
MISSOURI

*Plant your family here.*

215 North West Street  
Perryville, MO 63775  
Phone: 573-547-2594  
Fax: 573-547-6474

### OCCUPATIONAL LICENSE APPLICATION

Please Check One:  New Application - - - Intended start date: \_\_\_\_\_

Renewal from previous year

1. Business Name: \_\_\_\_\_

2. Business Owner's Name: \_\_\_\_\_

3. Business Physical Address: \_\_\_\_\_

4. Business Mailing Address: \_\_\_\_\_

5. Business Phone Number: \_\_\_\_\_

6. Business Owner's Address and Phone Number (if different from above): \_\_\_\_\_

7. Regular Business Hours: \_\_\_\_\_

8. Description of Business, Organization or Trade: \_\_\_\_\_

9. Missouri Tax Identification Number: \_\_\_\_\_

**(If your business involves retail sales, furnish a copy of your Missouri Retail Sales License)**

Required  Already on File

Car Wash – Number of Bays: \_\_\_\_\_

Real Estate Agent - Number of Employees: \_\_\_\_\_

Gasoline Station – Number of Pumps: \_\_\_\_\_

Beauty Salon – Number of Operators: \_\_\_\_\_

Insurance Agent – Number of Employees: \_\_\_\_\_

Barber Shop – Number of Operators: \_\_\_\_\_

Number of Employees, Agents, Operators, etc: \_\_\_\_\_

Worker's Compensation - Certificate of Insurance: (Any **business** which employs **five or more** persons, or any **construction company**, which employs **one or more** persons, must furnish a copy of its **Worker's Comp Certificate of Insurance**). **REQUIRED**

Copy of your Driver's License:  Required  Already on File

Applicant's signature: \_\_\_\_\_  
(All applications **MUST** be signed.)

Date: \_\_\_\_\_

For City Use Only:  
License Number: \_\_\_\_\_  
Fee: \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Issued By: \_\_\_\_\_

Please turn over and complete form





New Businesses: must complete  
Renewals: update as needed

New Business  
 Previous Business

### EMERGENCY NOTIFICATION INFORMATION

The following information is requested so the records within the City of Perryville Police/Fire dispatch center can be updated. The information is used to contact someone from your business after hours.

Business name: \_\_\_\_\_

Business physical address: \_\_\_\_\_

Business phone number: \_\_\_\_\_

List three local persons and their phone numbers that have keys to the business:  
(in the order they should be contacted)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Does your business have an alarm: \_\_\_\_\_

If yes, which alarm company: \_\_\_\_\_ Phone number: \_\_\_\_\_

Alarm Type:            Burglary \_\_\_\_\_  
                              Hold Up \_\_\_\_\_  
                              Fire \_\_\_\_\_  
                              Sprinkler System \_\_\_\_\_  
                              Other (please list) \_\_\_\_\_

Are there any hazardous materials on the property? \_\_\_\_\_

If yes, please list type & storage location: \_\_\_\_\_

\_\_\_\_\_

Please list any additional information that either department may find helpful in the event of an emergency: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If any information changes, please request a new form so that records can be kept up to date.

Thank You,  
City of Perryville