



CITY OF BRIDGETON

12355 Natural Bridge Road
Bridgeton, Missouri 63044 • (314) 739-7500

SERVICE OCCUPATION LICENSE APPLICATION

- Please Check One NEW APPLICATION
 CHANGE OF OWNER
 CHANGE OF ADDRESS
 CHANGE OF BUSINESS NAME
 HOME OCCUPATION



PLEASE TYPE OR PRINT CLEARLY:

OFFICIAL USE ONLY

Business Name _____
 Business Location _____
 City _____ State _____ Zip _____
 Mailing Address _____
 City _____ State _____ Zip _____
 Bus. Phone () _____ Bus. Fax () _____
 E-Mail Address _____

BUSINESS LICENSE NO. _____
 EXPIRATION DATE _____
 TOTAL AMOUNT PAID \$ _____
 DATE PAID _____
 CASH CHECK CHARGE
 CHECK/CARD NO. _____
 REVIEWED BY _____
 DATE _____

Start Date	Description of Business

Ownership Corporation Corp-Ltd Liability Partnership Sole Proprietor Trust

State Lic. No. _____ License Type _____ Expiration Date _____

MO Sales Tax No. _____ Federal I.D. No. _____ State I.D. No. _____

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - ATTACH ADDITIONAL PAGE IF NECESSARY

Owner Name _____ Title _____ Phone _____
 Home Address _____ Cell Phone _____
 City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____

Owner Name _____ Title _____ Phone _____
 Home Address _____ Cell Phone _____
 City _____ State _____ Zip _____

Social Security No. _____ Driver's License No. _____

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name _____ Phone _____
 Address _____ Cell Phone _____

ALARM COMPANY (if applicable):

Name _____ Phone _____
 Address _____ License No. _____

COMMERCIAL PARKING LOT FOR PROFIT:
No. of Parking Spaces _____ @ \$20.00 per space = \$ _____

OFFICE BUILDINGS:
No. of Employees _____ @ \$2.00 per employee,
plus \$100.00 = \$ _____

SERVICE STATIONS:
No. of Pumps _____ @ \$10.00 per pump or \$100.00,
whichever is greater = \$ _____

STORAGE WAREHOUSES:
No. of Square Feet _____ @ \$2.50 per 1,000 Square Feet plus
No. of Employees _____ @ \$2.50 per employee = \$ _____

TELEGRAPH OFFICES:
No. of Employee _____ @ \$2.00 per employee + \$100.00 = \$ _____

TRADE SCHOOLS:
No. of Students _____ @ \$2.50 per student + \$125.00 = \$ _____

TRAILER PARKS:
No. of Pads _____ @ \$6.00 per pad = \$ _____

PAYMENT OF LICENSE FEE IS DUE JANUARY 1, 2016
AND IS DELINQUENT ON FEBRUARY 1, 2016

TOTAL 2016 SERVICE
OCCUPATIONAL LICENSE FEE
(Minimum fee \$100.00)

I declare, under penalty of perjury, that the information given above is true, correct and complete to the best of my knowledge, information and belief. I agree to comply with all applicable laws, ordinances and regulations pertaining to the operation of this business.

Signature of Owner or Representative _____

Print Name and Title _____

Date _____

RETURN COMPLETED APPLICATION TO ABOVE ADDRESS AND
MAKE CHECK PAYABLE TO THE CITY OF BRIDGETON.
YOU WILL RECEIVE YOUR LICENSE BY MAIL.