



City of MARYLAND HEIGHTS

LICENSE HOLDER SUPPLEMENT FORM

This supplement form must be completed in its entirety by the new license holder. The license holder must be an individual person and either an owner, officer, or managing officer of the company who will be responsible for complying with Chapter 13—Licenses, Taxation, and Miscellaneous Business Regulations, of the municipal code.

REQUIREMENTS OF LICENSE HOLDER

- Complete this form in its entirety.
- Attach a copy of the license holder's driver's license or proof of identification.
- Submit both the completed form and identification to the city clerks office.
11911 Dorsett Rd., Maryland Heights, MO 63043 Attn: Licensing
- There is no fee required with this form.

BUSINESS LICENSE INFORMATION

ADDRESS ON LICENSE: _____ SUITE NO. _____ ZIP CODE _____

Business DBA Name: _____

Corporate Name: _____

Federal Employer ID # _____ Business License Number: _____

LICENSE HOLDER

SIGNATURE REQUIRED

NAME: (First) _____ (Middle) _____ (Last) _____

TITLE: _____ DOB: _____ DL# or SSN: _____

EMAIL: _____ PHONE: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

RESIDENCE ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

LICENSE MAILING ADDRESS: _____

CITY _____ STATE: _____ ZIP: _____

I CERTIFY THAT I AM THE OWNER/MANAGING OFFICER OF THE BUSINESS TO BE CONDUCTED AT THE NOTED LOCATION, THAT THE BUSINESS WILL BE CONDUCTED IN ACCORDANCE WITH ALL APPLICABLE LAWS, AND THAT THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

I AGREE TO REPORT CHANGES TO THIS APPLICATION DATA IMMEDIATELY AS THE SAME OCCUR.

SIGNATURE: _____ **TODAY'S DATE :** _____