



Day Labor Business Application

Please check appropriate classification: New License Renewal of License

Applicant's Name: _____

Applicant's Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Date of Birth: _____ Place of Birth: _____

Designated Agent: _____ Phone: _____

*** The designated agent must be someone who can regularly be found in the city during business hours.**

Business Name: _____

D/B/A Name: _____

Business Address: _____ Business Phone: _____

Single Ownership: _____ Partnership: _____ LLC: _____ Corporation: _____

If a partnership or LLC, list all partner's / member's information as requested:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Date of Birth</u>

If a corporation, list corporate officer's information as requested:

<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Date of Birth</u>
_____ President			
_____ Vice President			
_____ Secretary			
_____ Treasure			

If a corporation, list all directors' information as requested.

Name Address Phone Date of Birth

If a corporation, list information as requested for all shareholders with a greater than a ten percent interest.

Name Address Phone Date of Birth

List information as requested for all persons having an ownership interest in any other business entity or association.

Name Address Phone Date of Birth

Have you or any person listed on this application been convicted of violating any provisions of this chapter?

Yes: _____ No: _____

Have you or any person listed on this application ever had a permit issued under this article revoked or suspended?

Yes: _____ No: _____

If yes, list all details / convictions below:

List the requested information of all persons who may be assigned to any part of the management and/or control of the business.

Name Address Phone Date of Birth

I, _____, being of lawful age and duly sworn upon my oath, declare that I have read the application and fully understand same and that I know the contents thereof and the answers and statements contained therein and the same are true.

SIGNATURE OF APPLICANT

DATE

SEAL: STATE OF MISSOURI
COUNTY OF _____

Subscribed and sworn before me, this _____ day of _____, 20_____.

MY COMMISSION EXPIRES:

Date

Notary Public

OFFICE USE ONLY – DO NOT WRITE IN SPACE BELOW

-----INVESTIGATOR-----

Date Case Completed: _____ Date of Location Check: _____

Contingency Items Needed Prior to Issuance of license:
_____/_____
_____/_____
_____/_____

Regulated Industries Investigator

Date

-----INVESTIGATIONS SUPERVISOR-----

This application is hereby recommended to be: Approved Disapproved

Reason for approval / disapproval of license (if any): _____

Regulated Industries Investigations Supervisor

Date

-----MANAGER-----

This application is hereby recommended to be: Approved Disapproved

Reason for approval / disapproval of license (if any): _____

Regulated Industries Manager

Date

