



Complete License Application and remit with fee to:

CITY OF TROY
200 Main Street
Troy, Missouri 63379
(636) 528-4712
(636) 462-2619 (fax)

BUSINESS LICENSE APPLICATION

Date: _____

Business Name/DBA: _____

Business Address: _____

Type of Business: _____

Phone Number of Business: _____

Owner/Manager/President Name: _____

Owner's Home Address: _____

Owner's Home Phone: _____

Secondary Contact Name: _____

Secondary Contact Home Phone: _____

List of items sold or manufactured: _____

Missouri Tax Number: _____

Federal I.D. Number: _____

FOR OFFICE USE ONLY

New Applications: Zoning verified for use

_____ Planning & Zoning Dept.

Date Approved: _____ By: _____

APPLICATION FEE: _____ Date Paid: _____

*If applicable you must attach a copy of your Certificate of Insurance for worker's compensation coverage as required under Chapter 287.RSMo.