

CITY OF BROOKFIELD

116 W. Brooks

Brookfield, MO 64628

Phone # 660-258-3377 Fax # 660-258-4129

BUSINESS/OCCUPATIONAL LICENSE APPLICATION

1) Name of business / Opening date (if new business)

2) Owner: _____

3) Mailing address: _____ Telephone _____

City: _____ State ____ Zip _____

4) Business address: _____

5) Business telephone number: _____

6) Federal or state tax ID #: _____

7) Nature of business: _____

8) Have liability insurance? () Yes () No

9) Have workers compensation insurance? (Five (5) or more paid workers)

() Not Applicable

() Yes

() No

By my signature I attest that all the information is accurate and all statements are truthful.

Signature of Applicant

Date

~~~~~OFFICE USE ONLY~~~~~

**Amount paid \$** \_\_\_\_\_ **Date** \_\_\_\_\_

**F-** \_\_\_\_\_ **or** **R-** \_\_\_\_\_