

CITY OF GRANBY

PO BOX 500

302 N. MAIN

GRANBY MO 64844

(417) 472-6556 FAX (417) 472-6533

APPLICATION FOR CITY OF GRANBY LICENSE

NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

HOME PHONE: _____ BUSINESS PHONE: _____

SOCIAL SECURITY #: _____ DL#: _____

NAME OF COMPANY REPRESENTING: _____

ADDRESS OF BUSINESS: _____

NATURE OF BUSINESS: _____

TYPE OF GOODS OR SERVICES TO BE SOLD: _____

RELATIONSHIP WITH COMPANY: _____

LENGTH OF TIME REQUESTED TO DO BUSINESS IN GRANBY: _____

HAVE YOU EVERY BEEN CONVITED OF A FELONY OR OTHER OFFENSE
INVOLVING DISHONESTY? _____

IF YES, WHAT WAS THE NATURE OF THE OFFENSE AND PUNISHMENT OR
PENALTY ASSESSED? _____

****PLEASE PROVIDE COPIES OF FEDERAL TAX ID AND MISSOURI STATE TAX ID****

SIGNATURE: _____ DATE: _____

APPLICATION RECEIVED BY: _____ DATE: _____

APPROVED OR DENIED: _____