

**CITY OF OAKLAND  
APPLICATION FOR BUSINESS LICENSE**

NAME OF BUSINESS: \_\_\_\_\_

EMPLOYER FEDERAL ID#: \_\_\_\_\_

OAKLAND BUSINESS ADDRESS: \_\_\_\_\_

OAKLAND BUSINESS PHONE/FAX: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_

DATE BUSINESS ESTABLISHED: \_\_\_\_\_

BUSINESS OWNERSHIP: *Enter Name, Title and Address of all Owners of Business Below:*

\_\_\_\_\_ Individual Proprietorship      \_\_\_\_\_ Partnership      \_\_\_\_\_ Corporation

\_\_\_\_\_

\_\_\_\_\_

**LICENSE FEE:**

Gross Receipts for the calendar year ending December 31 \_\_\_\_\_:

Calculate .01% of gross receipts (Multiply by 0.001): \_\_\_\_\_

Amount Due\*: \_\_\_\_\_

\*If the amount due is less than \$25.00, the license fee is \$25.00.

**Please make checks payable to The City of Oakland  
Return application and fee to P. O. Box 220511, St. Louis, MO 63122  
*Include Statement of "No Tax Due" from Missouri Department of Revenue***

Under provisions of the City of Oakland Ordinances, I, the undersigned, do hereby make application for a business license and certify that the gross receipts of the above business for the calendar year specified are true and correct.

Applied for this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.