**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 .