



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

Application for Special Event License

Applicant Name: Social Security #:

Applicant Home Address:

Legal Name of Business:

Business Address: City, State, Zip

Business Phone: Owner's Phone:

Name of Owner(s):

Address of Owner(s): City, State, Zip:

Type of Business: Product or Service to be Sold:

Length of time to conduct business: Fax Number:

Days Business will operate: S M T W T F S Hours of Operation:

Applicant Driver's License No. State:

Vehicle: Make Model Year Color

Vehicle License No.: State:

Missouri Sales Tax No.: (Copy of Permit or application must be attached)

Have you ever been convicted of a: Felony? Misdemeanor?

If yes to either, please state nature of offense, date, and penalty assessed:

Offense: Date: Penalty Assessed:

THIS APPLICATION MUST BE NOTARIZED

I, do hereby certify that the foregoing is a true and correct statement. Should any of the statements be subsequently proven inaccurate I understand the City of Warrenton may suspend or revoke my License. I also understand that a license will not be issued if any past due City of Warrenton taxes are owed.

Date: Signed:

License Number issued: Fee Due for License:

Subscribed, sworn to, and affirmed before me this day of,

(Notary Stamp)

Notary Public:

My Commission Expires:

Commissioned to the County of: