



*City of Houston*

601 S. GRAND AVE.  
HOUSTON, MO. 65483  
PHONE: 417-967-3348 FAX: 417-967-4252  
Website: houstonmo.org

BUSINESS LICENSE APPLICATION

Date: \_\_\_\_\_

New Application    Renewal    Liquor License

Name of Business: \_\_\_\_\_

Name of Business Owner(s): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical 911 Address of Business: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Business E-mail: \_\_\_\_\_

Business Website: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Missouri Sales Tax ID #: \_\_\_\_\_

Social Security #: \_\_\_\_\_

Emergency Contact Name & Number: \_\_\_\_\_

I certify the above information is true and correct to the best of my knowledge and also agree to comply with the provisions of the city business license and all applicable ordinances and laws.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Print Name

\*\*\*A copy of your Retail and/or Liquor License must be submitted with application\*\*\*