



## Temporary Business License Application

New: \_\_\_\_\_

Renewal: \_\_\_\_\_

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

License Fee: \_\_\_\_\_

To: City Clerk  
City of Sunset Hills  
3939 S. Lindbergh Blvd.  
Sunset Hills, MO 63127

I/we the undersigned, hereby make application to establish, maintain or conduct:

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

Type of Business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Location in Sunset Hills: \_\_\_\_\_

Business Telephone: \_\_\_\_\_

E-Mail Contact: \_\_\_\_\_

Do you have permission of the property owner? \_\_\_\_\_

In said City, warranting the following information be true: Business owned by: (Please check one)

Individual    Partnership    Corporation    In the State of: \_\_\_\_\_

Legal Name of Owners: \_\_\_\_\_

Date(s) and time(s) Business will be operating: \_\_\_\_\_

\*\*Are you required to cover your Workers Compensation liability under chapter 287 R.S.M.O.  
Yes \_\_\_\_\_ No \_\_\_\_\_ If you checked yes you must submit a copy of the certificate of  
insurance for Worker's Compensation or your license will not be granted.

Applicant \_\_\_\_\_ Title \_\_\_\_\_