



# CITY OF BRIDGETON

12355 Natural Bridge Road  
Bridgeton, Missouri 63044 • (314) 739-7500

## MANUFACTURER'S LICENSE APPLICATION

Please Check One

NEW APPLICATION

CHANGE OF OWNER

CHANGE OF ADDRESS

CHANGE OF BUSINESS NAME

HOME OCCUPATION



PLEASE TYPE OR PRINT CLEARLY:

OFFICIAL USE ONLY

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

Business Location \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Bus. Phone ( ) \_\_\_\_\_ Bus. Fax ( ) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

BUSINESS LICENSE NO. \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_

TOTAL AMOUNT PAID \$ \_\_\_\_\_

DATE PAID \_\_\_\_\_

CASH  CHECK  CHARGE

CHECK/CARD NO. \_\_\_\_\_

REVIEWED BY \_\_\_\_\_

DATE \_\_\_\_\_

Start Date	Description of Business

Ownership  Corporation  Corp-Ltd Liability  Partnership  Sole Proprietor  Trust

State Lic. No. \_\_\_\_\_ License Type \_\_\_\_\_ Expiration Date \_\_\_\_\_

MO Sales Tax No. \_\_\_\_\_ Federal I.D. No. \_\_\_\_\_ State I.D. No. \_\_\_\_\_

ENTER BELOW NAMES OF OWNERS, PARTNERS, OR CORPORATE OFFICERS - ATTACH ADDITIONAL PAGE IF NECESSARY

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

Owner Name \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_

Home Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security No. \_\_\_\_\_ Driver's License No. \_\_\_\_\_

IN CASE OF EMERGENCY, PLEASE CONTACT:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Cell Phone \_\_\_\_\_

ALARM COMPANY (if applicable):

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ License No. \_\_\_\_\_

PLEASE CALCULATE AMOUNT DUE BY ENTERING INFORMATION IN BOXES BELOW AND SIGN

I declare, under penalty of perjury, that the information given above is true, correct and complete to the best of my knowledge, information and belief. I agree to comply with all applicable laws, ordinances and regulations pertaining to the operation of this business.

Signature of Owner or Representative \_\_\_\_\_

Print Name and Title \_\_\_\_\_ Date \_\_\_\_\_

Thank you for doing business in the  
City of Bridgeton

RETURN COMPLETED APPLICATION TO ABOVE ADDRESS AND  
MAKE CHECK PAYABLE TO THE CITY OF BRIDGETON.  
YOU WILL RECEIVE YOUR LICENSE BY MAIL.

PAYMENT OF LICENSE FEE IS DUE JANUARY 1, 2021  
AND IS DELINQUENT ON FEBRUARY 1, 2021

1) License Fee	\$ 100.00
2) Number of Employees* _____ @ \$5.00 each =	\$ _____
3) Number of Sq. Feet** _____ @ \$0.01 each =	\$ _____
4) Line 2 or 3, whichever is greater	\$ _____
TOTAL LICENSE FEE Add Line 1 + Line 4	\$ _____

\* Average Number of Employees on Payroll for preceding year

\*\* Number of Square Feet for the total square footage of building used in such manufacture