I certify that all statements made in this application and any supplemental documents thereto are, to the best of my knowledge, correct. Should any of the statements be subsequently proved inaccurate, I understand the City of Bel-Ridge may suspend or revoke my business license. I am authorized by the Applicant to sign on his/her/its behalf and have read this application in its entirety. By signing this application, I hereby authorize and consent to a criminal background check.

Applicant hereby represents that the business conducted by Applicant does not and will not violate any ordinance of the City of Bel-Ridge and now complies and will continue to comply fully with the laws of the State of Missouri and the United States.

*Signed*_____ *Date*_____

Print Name _____

Title or Relationship to Applicant _____

STATE OF MISSOURI)
) SS.
COUNTY OF _____)

On this _____ day of _____, 20____, before me, a Notary Public in and for said state, personally appeared _____, who being by me duly sworn did each say that he is the person described in and who executed the foregoing instrument, and he acknowledged that he executed the same for the purposes and consideration therein expressed and as his free act and deed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the County and State aforesaid on the day and year first above written.

(SEAL)

_____
Notary Public

My commission expires:

OFFICIAL OFFICE USE ONLY		
No Tax Due Letter _____	*Copy of Real Estate Tax* _____	*Copy of Personal Property Tax* _____
*License Number*_____	*Date License issued* _____	
*Business License fee $50.00 or $*_____	*Paid* _____	*Check Number*_____