

CITY OF ROCK HILL

BUSINESS LICENSE APPLICATION

Licenses are valid from August 1st to July 31st

PLEASE PRINT LEGIBLY / OFFICIAL USE ONLY
Business Name, Rock Hill Address, City, State, Zip, Mailing Address, Business Phone, Business Fax, Type of Business Operation, E-Mail Address, Date Received, Business License NO., Expiration Date, Total Amount Paid, Please Check One (New Application, Change of Owner, Change of Address, Change of Business Name, Renewal), ENTER BELOW NAMES OF OWNER, PARTNERS, OR CORPORATE OFFICERS, Owner / Corporation Name, Address, Street, City, State, Zip Code, Phone Number, Fax Number, Missouri Sales Tax I.D. Number, LICENSE FEE CALCULATION, THE LICENSE FEE IS BASED ON A COMBINATION OF FLOOR SPACE AND NUMBER OF EMPLOYEES, FLOOR SPACE @ \$5 PER 1,000 Square Feet or fraction thereof = \$, NUMBER OF EMPLOYEES (including Owner and/or manager) = \$, TOTAL AMOUNT DUE (floor space and employees combined) = \$, MINIMUM FEE IS \$25, LATE PAYMENT PENALTY IS FIGURED AT 20% PER MONTH STARTING AUGUST 1ST, AND THE FIRST DAY OF SUBSEQUENT MONTHS AFTER AUGUST 1ST, UP TO 100% OF THE TAX DUE. NO EXCEPTIONS. LATE FEE = \$, TOTAL TO BE PAID = \$

Person submitting this form must complete the following:

Print Name / Title _____

Signature _____ Date _____

PLEASE RETURN APPLICATION TO ADDRESS BELOW AND MAKE CHECKS PAYABLE TO CITY OF ROCK HILL