



CITY OF LOUISIANA

202 South Third Street
Suite 118
Louisiana, MO 63353

MERCHANT LICENSE APPLICATION NEW-RENEWAL-UPDATES

PLEASE CHECK ONE: _____ New License _____ Renewal/Update _____ No Longer Needed

Business Type: _____

Business Name: _____

Owner Name: _____

Owner's Phone Number: _____

Owner's Email: _____

Mailing Address: _____

Business Address: _____

Business Phone Number: _____

Business Email: _____

FEIN or SSN: _____

Person Updating Information: _____

Relationship With Company: _____

Signature: _____ Date: _____

OFFICE USE ONLY

Annual License Fee: _____ Account Number: _____ License Month: _____

MO Sec. of State Registered _____ MO Sales Tax Name & ID # _____

Received By: _____