



## OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

PHONE: (573)634-6322 FAX: (573)634-6329

EMAIL: [BILLING@JEFFCITYMO.ORG](mailto:BILLING@JEFFCITYMO.ORG)

### FOURTH OF JULY SALUTE TO AMERICA TEMPORARY LICENSE APPLICATION

#### REQUIREMENTS:

1. Completed license application and license fee payment of \$10.
2. License must be carried on applicant/persons at all times.
3. List of all employees' basic information on each employee if applicable.
4. Copy of participation acceptance email from the Salute to America event.

DATE(S) & TIME(S) LICENSE IS NEEDED: \_\_\_\_\_

BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

APPLICANT NAME: \_\_\_\_\_

APPLICANT ADDRESS: \_\_\_\_\_

TEMPORARY LOCATION (BOOTH #  
OR DESCRIPTION OF LOCATION): \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_

ALTERNATE PHONE NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

TYPE OF GOODS TO BE SOLD AND VALUE OF: \_\_\_\_\_

NAME OF MANUFACTURER OF GOODS: \_\_\_\_\_

ADDRESS OF MANUFACTURER OF GOODS: \_\_\_\_\_

MISSOURI TAX ID NUMBER: \_\_\_\_\_

Vehicle Description:

Year/Make/Model/Color: \_\_\_\_\_

License Plate# \_\_\_\_\_

#### EMPLOYEE LISTING:

OWNER NAME: _____			
MALE OR FEMALE: _____	DATE OF BIRTH: _____		
HEIGHT: _____	WEIGHT: _____		DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____	DATE OF BIRTH: _____		
HEIGHT: _____	WEIGHT: _____		DRIVER'S LICENSE # _____
EMPLOYEE NAME: _____			
MALE OR FEMALE: _____	DATE OF BIRTH: _____		
HEIGHT: _____	WEIGHT: _____		DRIVER'S LICENSE # _____

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EMPLOYEE NAME:	_____	DATE OF BIRTH:	_____
MALE OR FEMALE:	_____	WEIGHT:	_____
HEIGHT:	_____	DRIVER'S LICENSE #	_____
EMPLOYEE NAME:	_____	DATE OF BIRTH:	_____
MALE OR FEMALE:	_____	WEIGHT:	_____
HEIGHT:	_____	DRIVER'S LICENSE #	_____
EMPLOYEE NAME:	_____	DATE OF BIRTH:	_____
MALE OR FEMALE:	_____	WEIGHT:	_____
HEIGHT:	_____	DRIVER'S LICENSE #	_____
EMPLOYEE NAME:	_____	DATE OF BIRTH:	_____
MALE OR FEMALE:	_____	WEIGHT:	_____
HEIGHT:	_____	DRIVER'S LICENSE #	_____
EMPLOYEE NAME:	_____	DATE OF BIRTH:	_____
MALE OR FEMALE:	_____	WEIGHT:	_____
HEIGHT:	_____	DRIVER'S LICENSE #	_____

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

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**APPROVAL SIGNATURES**

Director of Finance: \_\_\_\_\_ Date: \_\_\_\_\_

*Individuals should contact the ADA Coordinator at (573) 634-6570 to request accommodations or alternative formats as required under the Americans with Disabilities Act. Please allow three business days to process the request.*