



OFFICE OF THE CITY LICENSE INSPECTOR

320 EAST MCCARTY ST.

JEFFERSON CITY, MO 65101

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

EMAIL: BILLING@JEFFERSONCITYMO.GOV

CRAFT OR TRADE SHOW LICENSE APPLICATION

YOU MAY NOT CONDUCT BUSINESS UNTIL BUSINESS LICENSE IS APPROVED AND ISSUED.

DATE & TIME OF EVENT: _____

NAME OF EVENT: _____

LOCATION OF SHOW: _____

NAME (OF PERSON IN CHARGE OF SHOW): _____

Phone # _____ Cell # _____

EMAIL: _____

SHOW DATE: _____

MAILING ADDRESS: _____

SIGNATURE: _____

FEE = \$5 per Exhibitor, per day.

If a business presently has a City of Jefferson business license, do not include them on the list of exhibitors or pay the associated fee (per City Code 17-17).

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.

LIST OF EXHIBITORS

NUMBER OF DAYS

FEE AMOUNT

| | | |
|---|----------------|----------|
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |

LIST OF EXHIBITORS

NUMBER OF DAYS

FEE AMOUNT

| | | |
|---|----------------|----------|
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |
| BUSINESS NAME: ADDRESS: PHONE #: MO. TAX NUMBER: | _____ @ \$5.00 | \$ _____ |