



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

NOT-FOR-PROFIT TEMPORARY LICENSE APPLICATION

REQUIREMENTS:

1. Completed license application.
2. **License must be carried on applicant/persons at all times.**
3. List of basic information on each employee.
4. Proof of 501c(3) status.

Date(s) & Time(s) License is Needed: _____

Applicant Name: _____

Business Name: _____

Business Mailing Address: _____

Temporary Location: _____

Phone #: _____ Fax #: _____

Email: _____ Missouri Tax Id #: _____

Type of Goods to be Sold and Value of: _____

Name and Address of Manufacturer of Goods: _____

Method of Delivery of Goods: _____

Vehicle Year/Make/Model/Color: _____

Vehicle License Plate Number: _____

EMPLOYEE LISTING (USE REVERSE SIDE OF SHEET IF NEEDED):

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 #
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 #

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 # _____

APPLICANT SIGNATURE: _____ DATE: _____



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.