

**AUTOMOBILE DEALERS LICENSE APPLICATION
NEW APPLICATION**

**CITY OF CARTHAGE
326 GRANT
CARTHAGE MO 64836
FAX: (417) 237-7002
PHONE: (417) 237-7000**

.....
NAME OF COMPANY _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

NAME OF PERSON MAKING APPLICATION _____

RELATIONSHIP WITH COMPANY _____

| | | |
|----------------------|----------------------------|---------------------------------|
| MUST COMPLETE | AFTER HOURS CONTACT | MUST COMPLETE |
| _____ | _____ | _____ |
| NAME | PLEASE PRINT | PHONE (IF POSSIBLE CELL) |

BEGAN BUSINESS _____ SALES TAX # _____
PLEASE PROVIDE COPY

HOME OR CELL PHONE _____ BUSINESS PHONE _____

KIND OF SERVICES PERFORMED _____

ANNUAL FEE \$ 150.00

GROSS RECEIPTS \$ _____ \$ _____

AMOUNT DUE \$ _____

\$150.00 PLUS \$0.10 PER \$1,000.00 OF ALL GROSS RECEIPTS OVER \$200,000.00

I DO SOLEMNLY SWEAR THAT THE FOREGOING IS TO THE BEST OF MY KNOWLEDGE AND BELIEF, A TRUE AND CORRECT STATEMENT OF GROSS SALES.

SIGNATURE OF APPLICANT

DATE

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