

MANUFACTURING

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

RENEWABLE JANUARY 1ST DELINQUENT FEBRUARY 15TH

NAME OF COMPANY _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

EMAIL ADDRESS _____

NAME OF PERSON MAKING APPLICATION _____

MAILING ADDRESS #2

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 _____

MINIMUM FEE \$50.00

MANUFACTURING, PER EMPLOYEE \$1.00 _____

AMOUNT DUE _____

FOR FUTHER INFORMATION OR QUESTIONS CONTACT (B.BAKER@CARTHAGEMO.GOV)

IF PAID AFTER FEBRUARY 15TH, ADD 2% PER MONTH BEGINNING JAN 1ST

SIGNATURE OF APPLICANT

DATE

THIS FORM MUST BE COMPLETED AND RETURNED WITH CHECK

IF NO LONGER IN BUSINESS, PLEASE RETURN FORM WITH CLOSING DATE