

City of University City Business Information Update Form

Please type or print.

BUSINESS INFORMATION			
Business Name:		Physical Address:	
City, State, Zip Code:			
Telephone:	Fax:	Email:	
Federal ID Number (FEIN):	Missouri Tax ID:	Missouri Retail Sales Tax ID:	
Mailing Address (if different than above):			Manager's Name:
Emergency Contact Person:		Emergency Telephone Number:	
Describe the activity of your business:		Hours of Operation:	
Number of Employees:	Do you sell any type of alcoholic beverage? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you make retail sales? <input type="checkbox"/> Yes <input type="checkbox"/> No	
BUSINESS OWNER INFORMATION			
Ownership Type:			
<input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LP <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Owner Name (Enter corporation or LLC Name, if applicable):			
Address:		City, State and Zip:	
Email Address:			Telephone:
<input type="checkbox"/> Yes, please put me on University City Chamber of Commerce distribution list			
BUSINESS STATUS			
<input type="checkbox"/> No Change in Business Status			
<input type="checkbox"/> New Ownership; Indicate Date of Ownership Change _____			
<input type="checkbox"/> Moved; Indicate Date of Move _____			
<input type="checkbox"/> Closed; Indicate Last Day Business Conducted in University City _____			
DECLARATION OF AUTHORIZED REPRESENTATIVE			
I hereby declare that the information provided above is true and complete.			
Signature:		Date:	