

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: