



APPLICATION FOR NON-PROFIT ENTERPRISE
No-Fee License
CITY OF COLUMBIA, MISSOURI

NAME OF ORGANIZATION _____

A. INFORMATION REGARDING ENTERPRISE:

Columbia Beginning Date: _____ Date of Application _____

1. Legal name of enterprise _____

2. Principal location of enterprise _____

City _____ County _____ State _____ Zip _____

How long at above address?

3. Columbia address of enterprise _____

Mailing address _____

4. Type and/or nature of activity in Columbia (what, where, when, in detail)

5. Please check one: Sole Proprietorship _____ Partnership _____ Corporation _____

Name, address and phone number of partners or officers _____

6. Is enterprise registered with Missouri Secretary of State? _____ Attach

non-profit certificate and list certificate number _____

B. Distribution of gross sales or solicitations

1. Registered non-profit organization

Educational, political, social welfare or religions organization (circle one)

Name _____

Contact person _____

Address _____

2. Administration _____ %

Cost of goods, if sales _____ %

Other _____ %

C. Location of this enterprise's activities current and past.

Address _____ City _____ State _____

Contact person _____ Phone _____

Address _____ City _____ State _____

Contact person _____ Phone _____

D. List of solicitors or canvassers, address and phone, age, driver's license number or social security, and date of birth. Use additional sheet if necessary.

E. PERSONAL INFORMATION REGARDING AGENT

Social Security # _____

Drivers License # _____

1. Full name of agent _____

2. Home address (avenue, street) _____

City _____ County _____ State _____ Zip _____

How long at above address? _____ Previous address _____

3. Date and place of birth ____ / ____ / ____ City _____ County _____ State _____

4. Name and address of nearest relative _____

5. Ever convicted of any violations of laws or ordinances of this or any other state or municipality (other than traffic violations)?

If yes, explain: what, date, place, result _____

Attach criminal history record from City/State of residence for the past 12 months.

6. Ever had a license or permit suspended or revoked? _____

If yes, why? _____

7. Give three references

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

FOR BUSINESS LICENSE OFFICE USE ONLY

Application approved _____
denied _____

I state that I am the agent and hereby declare all above statements to be true and correct. e Enterprise to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement.

By _____

SIGNATURE _____

Applicant must sign

Conditions of issuance _____