

FREEBURG MERCHANT LICENSE APPLICATION

Customer Name(s)_____

Business Name_____

Address_____

POC Phone Number () _____ Date Moved In_____

City Merchants License

_____ \$20.00 per year due on January 1st of each year

Please return with check to

Freeburg City Clerk
c/o Nicki Bax
PO BOX 237
Freeburg, MO 65035