

# City of Saint Charles, Missouri

## Residential Sales Permit Application



Date of Application: \_\_\_\_\_

Please provide the following information about the **PERSON** to be registered for the Residential Sales Permit

Applicant Name: \_\_\_\_\_  
Last, First Middle

Home Address: \_\_\_\_\_  
Street City State Zip

Please list any other addresses for which you have resided within the past two (2) years.

Previous Address: \_\_\_\_\_  
Street City State Zip

Home Address: \_\_\_\_\_  
Street City State Zip

**Business, organization or entity that the applicant will represent during Residential Sales activities:**

Business/Organization/  
Entity Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Please indicate specific dates, times and general locations where Residential Sales activities will be conducted:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Applicant Acknowledgement:

Under penalty of perjury, I certify the following statements to be true (please initial):

\_\_\_\_\_ I have not been convicted, found guilty of or plead guilty to any federal or state felony

\_\_\_\_\_ I am authorized to act as a representative of the Business, Organization or entity named in this application (attach supporting documentation).

\_\_\_\_\_ If Residential Sales activities involve sale of goods which are subject to sales tax under RSMo Chapter 144, I have provided my Missouri Sales Tax License with this application, and will collect sales tax where applicable.

I confirm that the information provided in this application and supporting documents are true, complete and accurate, and that I have read and will adhere to the city code of ordinances related to Residential Sales activities under Section 640.

\_\_\_\_\_  
Signature (Applicant)

\_\_\_\_\_  
Signature (Business Entity)

\_\_\_\_\_  
Date