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**CITY OF ST. CHARLES, MISSOURI  
DRAINLAYER  
OCCUPATION LICENSE APPLICATION  
Fiscal Year 7/1/2019 – 6/30/2020**

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**Company Name**

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**License Holder**

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**Company Address**

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**City, State, Zip Code**

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**Telephone Number**

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**E-Mail**

**LICENSE FEE:**      \$20.00

**License Renewal** \_\_\_\_\_ **New License** \_\_\_\_\_ (check one)

**I (We) hereby make application for a Drainlayer license for the period beginning  
7/1/2019 – 6/30/2020**

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**Signature of Applicant**

**Companies whose offices reside in St. Charles County are  
required to submit a copy of their paid personal property taxes.**

**Internal Office Use**

**License No.** \_\_\_\_\_

**Bond Expiration Date** \_\_\_\_\_

**Prop. Tax** \_\_\_\_\_ **Waiver** \_\_\_\_\_