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

Company Name

License Holder

Company Address

City, State, Zip Code

Telephone Number

E-Mail

LICENSE FEE: \$50.00

License Renewal _____ **New License** _____ (check one)

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

Signature of Applicant

Companies whose offices reside in St. Charles County are <u>required</u> to submit a copy of their paid personal property taxes.	Internal Office Use	
	License No. _____	
	Bond Exp. Date _____	
	Insurance Exp. Date _____	
	PP Tax _____	Waiver _____