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**CITY OF ST. CHARLES, MISSOURI
DRAINLAYER
OCCUPATION LICENSE APPLICATION
Fiscal Year 7/1/2020 – 6/30/2021**

Company Name

License Holder

Company Address

City, State, Zip Code

Telephone Number

E-Mail

LICENSE FEE: \$0.00

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

**I (We) hereby make application for a Drainlayer license for the period beginning
7/1/2020 – 6/30/2021**

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** _____

SEND ALL DOCUMENTATION AND PAYMENT IN TOGETHER.