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**CITY OF ST. CHARLES, MISSOURI
 HVAC/TINNER
 OCCUPATION LICENSE APPLICATION
 Fiscal Year 7/1/2020 – 7/1/2021**

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
 7/1/2020 – 7/1/2021**

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 Exp. Date _____	_____
	COI Exp. Date _____	_____
	PP Tax _____	Waiver _____

SEND ALL DOCUMENTATION AND PAYMENT IN TOGETHER.