



# Village of Innsbrook

1835 Highway F, Innsbrook, MO 63390

636-745-8844 \* Fax 636-745-7755

Email: [admin@villageofinnsbrook.org](mailto:admin@villageofinnsbrook.org)

[www.villageofinnsbrook.org](http://www.villageofinnsbrook.org)

## Application for Business Permit

Application **MUST** be completed in full for each location in Innsbrook and returned with remittance made payable to the Village of Innsbrook. For question please contact the Village Administrator/Clerk at (636)745-8844.

### BUSINESS INFORMATION

1. Name of Business: \_\_\_\_\_
2. Date Business began/will begin operation in Innsbrook: \_\_\_\_\_
3. Local Business Address: \_\_\_\_\_  
**Please provide separate applications for each property in Innsbrook associated with the Business.**
4. Local Business Telephone Number: \_\_\_\_\_
5. Name of Manager/Agent: \_\_\_\_\_
6. Contact Telephone Number for Manager/Agent: \_\_\_\_\_
7. Email Address: \_\_\_\_\_
8. Federal Employer Identification Number: \_\_\_\_\_
9. Missouri Retail Sales Tax Identification Number: \_\_\_\_\_  
**Please provide this number along with a "Certificate of No Tax Due" if you collect and remit sales tax to the state of Missouri. (Short term rental properties must complete line 9.)**
10. Number of Employees at location: \_\_\_\_\_
11. Provide brief description of Business: \_\_\_\_\_  
If rental property:  AirBnB  VRBO  Other: \_\_\_\_\_  
(Check all that apply.)

**Application Fee: \$30.00**

*Check made payable to the "Village of Innsbrook".*

**Send to: Village of Innsbrook, 1835 Highway F, Innsbrook, Missouri 63390**

*The information provided is true, correct and accurate to the best of my knowledge and belief.*

*I am authorized to complete this application on behalf of the above referenced Business.*

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Applicant Title:** \_\_\_\_\_ **Date:** \_\_\_\_\_

After review of this application and attached No Tax Due letter, and receipt of the application fee, the Village of Innsbrook hereby approves the application. This completed form shall constitute a valid Business Permit.

Village Administrator/Clerk: \_\_\_\_\_ Date: \_\_\_\_\_ Permit No. \_\_\_\_\_