



# CITY OF TIPTON

*Where the Stage Met the Rail*

101 E Moniteau Street • PO Box 517

Tipton, MO 65081

660.433.2323 • Fax 660.433.2810



Applicant: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Social Security #: \_\_\_\_\_ License Number \_\_\_\_\_

Address: \_\_\_\_\_

Physical Description: \_\_\_\_\_

\_\_\_\_\_

Convictions on File: \_\_\_\_\_

\_\_\_\_\_

Please provide a copy of your Driver's License.

List 2 Character Witnesses, Address and Phone Number:

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

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Employer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Position of Employment: \_\_\_\_\_

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Number of Days Permit Shall be Issued: \_\_\_\_\_

Services Offered/ Goods, Merchandise to be Sold: \_\_\_\_\_

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Sales Tax ID Number: \_\_\_\_\_  
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I do hereby certify that the above information is a true record

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date