

2024-2025 New Vending License Application **Vending Machines**

License Year 7/1/2024 - 6/30/2025

Business Name						
D.B.A. (if applicable)						
Federal Tax ID	ID State Tax ID					
Business Phone	E-mail Address_					
Business Address	Suite #	Cit.	04			
	Suite #	City	Si	ate Zip		
Mailing Address	Suite #	City	Sta	ate Zip		
Contact Person		Contact Pho	Phone			
CALCULATION OF LICENSE FE	EE:					
Machine Location		Number of 11¢+ Units	Fee Per Unit	TOTAL		
			\$25.00			
			\$25.00 \$25.00			
			\$25.00			
			\$25.00			
			\$25.00			
			\$25.00			
If additional space is needed, please attach an	extra sheet to this form.		FEES DUE	\$		
NOTICE: Each machine must have a control the number of installed vending machinal additional stickers. Stickers are NOT train penalties.	nes during the licens	se year requir	es an applic	cation for		
Please review the information on this form				low, you are		
Signature:						
Printed Name:		:				

Please submit this completed form along with payment to:

City of Clayton, Attn: Business Licenses, 10 N. Bemiston Ave., Clayton, MO 63105

- * Make checks payable to City of Clayton or complete the credit card authorization form on the back of this document.
 - * Please direct any questions to licensing@claytonmo.gov or call (314) 290-8442 for assistance.

Application and payment are due within 30 days of operating your vending machine(s) in Clayton.

CITY OF CLAYTON CREDIT CARD PAYMENT AUTHORIZATION FORM

MasterCard \square	Visa 🗆	Discover \square	Amex \square
Name on card:		Street # c	of billing address:
Card Number: (16 Digits)			
Expiration Date:/_	_ CVC:	Billir	ng Zip Code:
Amount authorized for payr	ment: \$		
Cardholder signature:		Date:	
FOR OFFICE USE ONLY			
Processed by:		Date:	