

## **Clay County Missouri**

## **2019 Amusement Application**

Pursuant to the County

Phone: (816) 407-3570 FAX: (816) 407-3581 Email: clerk@claycountymo.gov

Application and Payment Due: <u>January 1, 2019</u>
License effective January 1, 2019 - December 31, 2019

Corporate Info:  Corporate Name:  Contact Name:		Business Lo	<b>Business Location:</b>			
		DBA Name: Physical Address:				
						Corporate/Mai
Phone:	Fax:	Email:				
Select One:	Business Distributor					
Item	Description		Qty	Rate	Amount	
199	County Clerk Administrative Fee		1	\$3.00	\$3.00	
				Total: \$		
Initial h	nere if the business does not require an A	amusement License as d	efined by Ord	inance 20	018-ORD-22.	
			J		- <del></del>	
<ol> <li>Choose ite</li> <li>Payment c</li> </ol>	ntact information. The many series in the Amusement License pricelist that the made out to the Clay County Clerk. The wand mail this form with your payment.	pertain to the business and	fill out in the spa	ce above.		
, knowing that	t false statements on this form are punishable by	y law, verify that all inform	ation above is tru	ie and acci	urate.	
Print Name:	Signatur	e:		Date:		