

BUSINESS OWNER INFORMATION SHEET

**City of Berkeley
Finance Department
8425 Airport Rd
Berkeley MO 63134
(314) 524-3313**

PLEASE COMPLETE THE FOLLOWING INFORMATION ON BOTH THE OWNER AND MANAGER

OWNER OF RECORD

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

SSN#: _____

MO TAX I.D. #: _____

MANAGER ON DUTY

NAME: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

DATE OF BIRTH: _____

SSN # : _____

NOTE: THE CITY OF BERKELEY IS TO BE NOTIFIED OF ANY CHANGE IN OWNER OR MANAGER OF YOUR ESTABLISHMENT.