

PLEASE COMPLETE THE FOLLOWING INFORMATION ON BOTH THE OWNER AND MANAGER

OWNER

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SSN#: _____

MO TAX I.D. #: _____

MANAGER

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

PLACE OF BIRTH: _____

SSN # : _____

MO TAX I.D. # : _____

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

REVISED : 12/14.