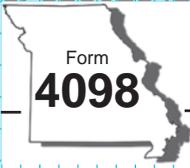


000000000111111111122222222223333333333344444444445555555555566666666666777777777778888888888899999999999



MISSOURI DEPARTMENT OF REVENUE

Department Use Only (MM/DD/YY) [Yellow boxes]

Application For Direct Pay Authorization

Missouri Tax I.D. Number [Yellow boxes]

Federal Employer I.D. Number [Yellow boxes]

This application is to be used for applying for or renewing the direct pay authorization pursuant to Section 144.190.6, RSMo. This authorization, if issued, is valid for five years.

Type of application (select one): New Application [ ] Renewal [ ]

Business Information

Business Name (attach list if necessary for additional locations)
Physical Address (Do not use PO Box or Rural Route Number)
City
Business Telephone Number
Mailing Address
E-mail Address
City
State
ZIP Code

Owner Information

Owner Name (Enter Corporation or LLC Name, if applicable)
Address
City
State
ZIP Code

Business Locations

List business locations for which you are requesting direct pay authorization (attach a supplemental list if necessary).
Street Address - Do Not Use PO Box or Rural Route
City
Is this business located inside the city limits of any city or municipality in Missouri?
Is this business located inside a district(s)? For example, ambulance, fire, tourism, community, or transportation development.



14020010001

