Office of City Clerk



## **Business License Application**

Missouri Department of Revenue, Business Tax Bureau – Phone (573) 751-5860

| License Number:                 |                            | Fee:                     | Date:                               |                        |  |
|---------------------------------|----------------------------|--------------------------|-------------------------------------|------------------------|--|
| BUSINESS INFORM                 | MATION                     |                          |                                     |                        |  |
| Name of Business                |                            | Miss                     | ouri Sales Tax I.D #                |                        |  |
| Address/Location of Bus         | ress/Location of Business  |                          | Mailing Address                     |                        |  |
| Business Phone Number           | siness Phone Number        |                          | Fax Number                          |                        |  |
| Type and/or Nature of B         | usiness (in detail)        |                          |                                     |                        |  |
|                                 |                            |                          |                                     |                        |  |
|                                 |                            |                          |                                     |                        |  |
| APPLICANT INFO                  | RMATION                    |                          |                                     |                        |  |
| Name of Applicant               | plicant Phone Number       |                          |                                     |                        |  |
| Social Security Number          |                            | Driver's License         | Number                              |                        |  |
|                                 |                            |                          | Home Address                        |                        |  |
| City                            |                            | State                    | Zip Code                            |                        |  |
|                                 |                            |                          |                                     |                        |  |
| I hereby certify that a         | ll information provided ab | oove is true and accurat | te and that I do not and will not i | knowingly employ a     |  |
|                                 |                            |                          | for which the permit or license I   |                        |  |
| Signature:                      |                            |                          | Date:                               |                        |  |
| State of                        |                            |                          |                                     |                        |  |
| County of                       |                            |                          |                                     |                        |  |
| On this day of                  | , 20                       | before me personally     | appeared                            |                        |  |
| known to me to be the ind same. | ividual descried in and wh | o executed the foregoin  | g instrument and knowledge to m     | e that he executed the |  |

| Building Department Inspection<br>573-221-0111 (ext 205)                                                                                                                                                                                | Approved         | Disapproved | N/A |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------|-----|--|--|--|
| Zoning<br>Off Street Parking<br>Handicap Parking<br>Handicap Access<br>Handicap Facilities<br>Building, Structural<br>Electric System<br>Plumbing System<br>Number of Salon Chairs<br>Number of Tanning Beds<br>Complies W/H1 Dist Rule |                  |             |     |  |  |  |
| Final Approval By:                                                                                                                                                                                                                      |                  | Date:       |     |  |  |  |
| <b>Fire Department Inspection</b> Ap 573-221-0657                                                                                                                                                                                       | pproved Disappro | oved N/A    |     |  |  |  |
| Exits<br>Exit Sign<br>Fire Protection System<br>Smoke Detectors<br>Alarms<br>Emergency Lighting<br>Fire Extinguishers                                                                                                                   |                  |             |     |  |  |  |
| Final Approval By:                                                                                                                                                                                                                      |                  | Date:       |     |  |  |  |
| Marion County Health Department Information<br>573-221-1166<br>Premises Meets the Requirements of the Marion County Health Department.                                                                                                  |                  |             |     |  |  |  |
| Final Approval By:                                                                                                                                                                                                                      | Date             | :           |     |  |  |  |

<u>REMINDER:</u> <u>Two forms of ID are required to meet State requirements which mandate the City's</u> <u>attempt to verify citizenship. Acceptable documents are Birth Certificate, Driver's</u> <u>License, Social Security Card, or Passport.</u>

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## **ATTENTION:** BUSINESSES SELLING GOODS AT RETAIL SALES:

New requirements as of January 1, 2009 as a directive from the State of Missouri, State Statutes (Section 144.083.2 & 144.083.4 RSMo) reads as follows:

The possession of a statement from the department of revenue stating no tax is due shall also be a prerequisite to the issuance or renewal of any city business license required for conducting business where goods are sold at retail. The statement of no tax due shall be dated <u>no longer than ninety (90) days before the date of the renewal of the city license.</u>

You may access this information on the DOR's Web site, seven days a week, 24 hours a day.

You will need your Missouri Tax Identification Number and Pin (the Dept. of Revenue has already assigned the PIN # and it can be found on the front of your return or voucher book.)

Go to: <u>www.dor.mo.gov</u> Scroll down to under "What's New" Click on \*On-Line License No Tax Due Information Log into on-line License No Tax Due System Choose \*Business Owner/Tax Payer

You will be able to print your own Statement of NO Tax Due to use when obtaining or renewing your business license.

NOTE\*\*\*\*If your business does <u>not make retail sales</u>, you are <u>not required</u> to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue Taxation Division 816-889-2944