



798 S. Marshall
Marshfield, Missouri 65706
417-859-2352

2020 BUSINESS LICENSE
APPLICATION

Please complete this application in its entirety for your 2020 Business License and return it to the address above. Payment in the amount of \$18 must accompany this application which should be received by December 31, 2019 for renewals. Your new license will be mailed to you once all required information is turned in.

BUSINESS INFORMATION New _____ Renewal _____

Name of Business _____

Business Type _____ **Products/Services Offered** _____

Of Employee's _____

Missouri Sales Tax # _____ **Federal ID #** _____

MO. Statute 144.083 Business license requirement: **IF YOU CHARGE SALES TAX, YOU MUST SUBMIT A DEPT. OF REVENUE NO TAX DUE VERIFICATION.** The City will not issue a license unless no tax due is verified.

Business Phone _____

Business Email _____

PHYSICAL ADDRESS

Address: _____

MAILING ADDRESS **Check if same as above**

Address: _____

BUSINESS OWNERS

1) Name : _____

Phone: _____

Email: _____

2) Name: _____

Phone: _____

Email: _____

Applicant affirms by signature below that said business does not currently, nor will it in the future employ non-documented persons, with the understanding that doing so would be in violation of both Federal Law and the laws of the State of Missouri.

Signature: _____ **Date:** _____