



City of West Plains Missouri
Business License Application

Company Name: _____ MO Retail Sales Tax I.D. #: _____

DBA Name: _____ Attach a certificate of No Tax Due, if required.

All applicants with the possession of a retail sales license are required to submit a statement from the Missouri Department of Revenue that the licensee owes no tax due under RSMo Sections 144.010 to 144.510 or RSMo Sections 143.191 to 143.261. This must be done at the date of application, as well as the annual date of license renewal. The date of issuance on the statement must not be more than ninety (90) days before the date of submission of this application, or renewal of the local license.

Physical Location of the Business (Address):

Address: _____

City, State, Zip: _____

Mailing Address (if different from above):

Address: _____

City, State, Zip: _____

Owner's Name: _____ Primary Phone: _____

Alternate Contact: _____ Alternate Phone: _____

Description of Business:

Please select the most appropriate category that best describes the nature of your business:

- Contractor/Sub-contractor: TYPE, General, Plumber, Electrical, HVAC, Entertainment, Restaurant, Retail Sales, Liquor Sales, Service, Daycare

Do you plan to sell prepared food? [] No [] Yes If yes, attach a copy of your inspection certificate.

Call Justin Frazier at (417)-256-7078 for an inspection or for more information.

Worker's Compensation Coverage - If you are a Contractor in the construction industry, with one or more employees, other than yourself, you are required by State Statutes RSMo 287.061 to provide a certificate of Insurance for Workers' Compensation coverage. If you do not employ any employees other than yourself you may qualify for an Affidavit of Exemption for Workers' Compensation Insurance pursuant to RSMo 287.061. This form is available at City Hall and requires signature of the applicant attesting that the contractor is exempt.

Is a Certificate of Insurance required? [] No If No, please attach a signed Affidavit. [] Yes If Yes, please attach a current Certificate

I declare, under penalty of perjury, that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of West Plains tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant: _____ Date: _____

Printed Name: _____

Please include a copy of Photo ID: State Driver License # _____

Social Security #: Last 4 Only _____, Date Of Birth: _____

Please return this application, along with your remittance of the appropriate Business Fee(s) payable to the City of West Plains. Please see a current fee schedule on the back of this page.

License Fee Schedule:

Business: \$30.00 July 1 - June 30 \$15.00 January 1 - June 30 (pro-rated)
(Required for all businesses conducting business with the City limits of West Plains.)

Liquor: (In addition to a Business License)

Liquor by Drink \$750.00
Resort/Sunday Sales \$750.00
Resort Only \$450.00
Sunday Sales \$300.00
Distributor \$150.00
Original Package \$150.00
Tavern \$75.00
Beer & Wine \$75.00

Certifications: (In addition to a Business License) (Plumbing,
Electrical & HVAC) \$20.00 (per certification held)

Taxi/Vehicle for Hire: \$20.00 (for the 1st Vehicle)
 \$10.00 (for each additional vehicle)

Annual License Fees are due to the City of West Plains for the year beginning July 1 and ending June 30th.

This Section to be Completed by City Hall:		
TIF Zone #1 _____	CID Zone #1 _____	License # _____
TIF Zone #2 _____	CID Zone #2 _____	Paid By: <input type="checkbox"/> Cash <input type="checkbox"/> M/O
TIF Zone #3 _____		<input type="checkbox"/> Check# _____
<input type="checkbox"/> Mobile Business		Receipt # _____
Business Address Zone: _____		Deposit Date _____
Approved by: _____ Date: _____		
Allison Skinner, City Clerk P. O. Box 710, West Plains, MO 65775		