

City of West Plains City Clerk's Office 1910 Holiday Lane West Plains, Mo. 417.256.7176, ext. 2235

Dear Business Owner,

Kellie Mayers City Clerk

Thank you for choosing to operate your retail/sales business in West Plains! We're glad to have you as a member of our community. Whether you are getting a new license or renewing an existing one, please complete the enclosed application in its entirety. Listed below is a checklist of the required materials and fee(s). Completed Retail/Sales Business License Application and fee (\$30.00) Missouri Retail Sales Certificate A No Tax Due letter from the State of Missouri (contact the Taxation Division at 573-751-9268 or taxclearance@dor.mo.gov for questions) Completed Occupancy Application and fee (\$25.00) ONLY IF you: 1) operate a food truck 2) are new and your business is in a commercial building in the city limits of West Plains, or 3) if you are an existing business and you have moved to a new commercial location in the city limits within the past year Completed Health Inspection from Howell County ONLY IF you plan to sell prepared food at your business or operate a food truck (contact the Howell County Health Department at 417.256.7078 to obtain) A Liquor License Application and fee(s) as well as Missouri State Highway Patrol Request for Criminal Record Check ONLY IF you plan to serve alcohol or sell packaged liquor at your business Home Occupation Questionnaire ONLY IF you plan to operate your business out of your home We cannot issue your license until all application materials and fees have been submitted, and the occupancy inspection (if required) has been completed. Make checks payable to City of West Plains. For any questions, contact the city clerk's office at 417-256-7176, ext. 2235 or kellie.mayers@westplains.gov. Good luck with your business! Sincerely,



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Retail/Sales Business License Application  New Renewal				
Business Name		MOI	Retail Sales Tax I.D. (8 digi	
Business Street Address	City	State	Zip	
Owner's Name	Primary Phone	Primary Phone Email Addr		
	for any store front located in West Plains of please return the Occupancy Application of Mailing Address (if different than ab	and fee (\$25.00).	new business or you have	
Mailing/Corporate Address	City	State	Zip	
Corporate Contact Name	Phone Number		Corporate Email Addre	
Do you plan to sell prepared food?  Will you sell alcohol or serve package		(Liquor License appli	ent inspection attached) cation and MSHP nal Record Check)	
Is this a home occupation?	O Yes (Home Occupation O	uestionnaire attach	ed)	



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## **Applicant Information and Signature**

I declare, under penalty of perjury, that this application has been examined by me and that the statements herein are made 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.

Applicant Signature	Printed Name	Date
Social Security # (last 4 digits only)	Date of Birth	Driver License # and State
	For Office Use Only	
Approved By	Amount Paid	Paid Date
Business License Number	Effective Date	Expiration Date