



Dear Business Owner,

Thank you for choosing to operate your service business in West Plains! We're glad to welcome 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 Service Business License Application and fee (\$30.00)
- Completed Occupancy Application and fee (\$25.00) **ONLY IF** you:
  - 1) are new and your business is in a commercial building in the city limits of West Plains, or
  - 2) if you are an existing business and you have moved to a new commercial location in the city limits within the past year
- Home Occupation Questionnaire **ONLY IF** you plan to operate 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](mailto:kellie.mayers@westplains.gov).

Good luck with your business!

Sincerely,

Kellie Mayers  
City Clerk



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

## Service Business License Application

New       Renewal

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Business Name MO Retail Sales Tax I.D. (8 digits)

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Business Street Address      City      State      Zip

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Owner's Name      Primary Phone      Email Address

*An occupancy inspection is required for any store front located in West Plains city limits. If this is a new business or you have moved, please return the Occupancy Application and fee (\$25.00).*

### Mailing Address (if different than above)

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Mailing/Corporate Address      City      State      Zip

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Corporate Contact Name      Phone Number      Corporate Email Address

Is this a home occupation?    No       Yes (Home Occupation Questionnaire attached)

Will you have retail sales?    No       Yes (Missouri Retail Sales Certificate **AND** MO No Tax Due letter attached)

### 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.*

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Applicant Signature      Printed Name      Date

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

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