

Dear Business Owner,

Kellie Mayers City Clerk

Thank you for choosing to operate your taxi or vehicle-for-hire 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 necessary items to return, along with payment(s).

Completed 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

We cannot issue your license until all application materials and fees have been submitted, and the occupancy inspection (if required) has been completed. 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,



Taxi/Vehicle-for-Hire Business License Application				
	☐ New ☐ Renewa	I		
Business Name		MO F	Retail Sales Tax I.D. (	3 digits)
Business Street Address	City	State	Zip	
Owner's Name	Primary Phone		Email <i>i</i>	Address
. ,	f for any store front located in West Plains I, please return the Occupancy Application	,	new business or you	have
	Mailing Address (if different than al	bove)		
Mailing/Corporate Address	City	State	Zip	
Corporate Contact Name	Phone Number		Corporate Email /	Address
Number of vehicles owned or held u (VIN) and registered owner of each ta	nder lease: (attach a list of vehicles waxicab or vehicle-for-hire)	vith make, model, mo	otor number, serial n	umber
I have reviewed and agree to all pertaining to vehicles for hire.	oide by Chapter 48 of the West Plains Code	e of Ordinances		

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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	
Council Hearing Date	Liability Insurance on File	Approved by council (Y or N)
Approved By	Amount Paid	Paid Date

