



BUSINESS LICENSE APPLICATION

Please Check The Items That Apply:

NEW RENEWAL MERCHANT CONTRACTOR SERVICE PROVIDER HOME-BASED

Business/Company Name

Fed/State ID #

Business/Company Address

City

State

Zip

Mailing Address (if different from Business Address)

City

State

Zip

Office Phone Number

Fax Number

Cell Number

Email Address

Name of Applicant (Print)

Name of Applicant Signature

Name of Legal Owners of Business

Brief Description of Business

Sales Tax ID Number Issued by State of Missouri: _____

NOTICE To: Merchant, Service Provider and Contractors;

By signing this application, you affirm that you participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal law to work in the United States. (Missouri House Bill 1549)
Any Businesses or Contractors selling at retail will be required to submit a certificate of "No Tax Due Statement" issued within 90 days prior of app. date from the Missouri Department of Revenue.

All Contractors ARE required to submit an updated copy of Workers' Compensation Insurance even if you do not have any employees before a Business License can be issued. Waivers are NOT accepted (City Code Book Chapter 605 Section 605.050 Sub Section E)

- If you provide any **food services**, you should contact the Christian County Health Department as soon as possible. A copy of your health inspection must be submitted with Application. If you will be selling **liquor**, you must provide a copy of your State of Missouri liquor license. (City Code Book Chapter 600 for Liquor)
- If you will be re/placing a sign or remodeling, please contact the City Inspector at 417-743-2544 for any permits, if necessary.

(For Office Use Only)

License Number: _____

Fee Collected: _____ Date Paid: _____ Received By: _____

City Clerk: _____ Mayor: _____ Date Approved: _____

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