2016 Business License Application

PO Box 395, 715 W. Mt. Vernon
Nixa MO 65714
Ph. 417-725-3785 Fax 417-725-6394

Application Date _____

BUSINESS INFORMATION

Business Name _____

DBA Name _____

Business Physical Address _____

City _____State_____ Zip Code_____

Mailing Address (if different) _____

City _____ State_____ Zip Code_____

Business Phone _____ Cell Phone _____

SSN# or FEIN# _____-_____ Retail Sales Tax# (if conducting sales) _____

Description of Business _____

☐ Sole Proprietor ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Company

APPLICANT INFORMATION

Name (s) _____ Title_____

Contact # _____ Email Address _____

_____ _____

Print Name **Signature ****REQUIRED*****

OFFICE USE ONLY

New License Fee $50.00

Annual Renewal Fee $25.00

License Number _____ _____
City Clerk

Amount Paid _____

Department of Compliance Information

PO Box 395, 715 W. Mt. Vernon
Nixa MO 65714
Ph. 417-725-3785 Fax 417-725-6394

Application Date _____

BUSINESS IINFORMATION

Business Name _____

Physical Address _____

Applicant Name _____ Contact # _____

Is this a Home Occupation? _____ Estimated # of Employees_____ Opening Date _____
(REQUIRED)

Description of Business Practices you are proposing:

_____

OWNER INFORMATION

Name (s) _____ Contact # _____

Address _____

City _____State _____ Zip Code _____

OFFICE USE ONLY

Building Department Approval

____ Building permit is currently under review

____ Change of use permit is required

____ Building permit is required with construction plans containing the following information.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Date: _____

Approved By _____

Planning and Zoning Approval

Current Zoning _____

_____ Proposed use meets Land Development Code requirements.

_____ Proposed use is allowed but subject to the following conditions.

1. _____
2. _____
3. _____

_____Proposed use is not allowed.

Reason: _____

Section: _____

Date _____

Approved By _____

911 Emergency Information

PO Box 395, 715 W. Mt. Vernon
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Ph. 417-725-3785 Fax 417-725-6394

Opening Date _____

BUSINESS IINFORMATION

Business Name _____

Physical Address _____

City _____State_____Zip Code_____

Business Phone _____

Business Hours- (Weekdays)_____ (Weekends) _____

Alarm Company _____ Alarm Company Phone _____

Safety Information: (Please list any hazardous materials and their location in the business of safety issues that May affect first responders.

_____

KEY HOLDERS OUTSIDE OF BUSINESS HOURS

Name _____ Title_____

Contact # _____

Name _____ Title _____

Contact # _____

Name _____ Title _____

Contact # _____

Be sure to list at least one key holder as it is important that the police department be able to contact someone with access to the business in the event of an emergency. If information on list form changes please contact City Hall at 417-725-3785 for a new form. Questions can be directed to the Nixa Police Department by calling 417-725-2510.

NOTE: Information on this form is strictly confidential and will not be released outside of our agency.

BUSINESS LICENSE
AFFIDAVIT OF OWNING A BUSINESS
AND
WORK AUTHORIZATION

State and/or Federal Law provisions regulate the presence of aliens in the United States. I understand that pursuant to 2008 State Statute 285.530 certain public benefits are prohibited by law from the being provided to aliens unlawfully present in the United States and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been or is being obtained and assert that the obtaining of the permit or license will not violate the prohibition on providing certain pubic benefits for aliens unlawfully present in the United States as set forth in State Statute 285.530. Should I become aware, after issuance of the permit or license and during the term of the permit or license that the business is in violation of State Statute 285.530, I will immediately notify the city of the violation and failure to do so may result in denial/revocation/suspension of the permit or license. After notification of the violation is provided to the city, the business shall immediately advise the city of steps being taken to correct the violation. A failure to timely correct the violation may result in denial/revocation/suspension of the permit or license.

I affirm that, I, _____ a citizen of the United States. I also affirm
Print Owners Name

that my company _____does not and will not knowingly
Print Company Name

employ a person who is an unauthorized alien.

In Affirmation thereof, the facts stated above are true and correct.

_____ _____
Signature Date