2016 Business License Renewal 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 _____

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 _____