

APPLICATION FOR CITY MERCHANTS LICENSE

Please complete the attached application and return it along with any required documents and a check for twenty-five dollars (\$25.00), made payable to the "City of Laurie". All licenses expire on June 30th of each year.

Please print or type, using black ink. All questions must be answered. If a question is not applicable, indicate "n/a".

THE FOLLOWING DOCUMENT(S) MUST BE SUBMITTED WITH YOUR APPLICATION.

Missouri Retail Sales License. All businesses that collect sales tax must submit a copy of their State license showing that the business is registered to collect tax inside the city limits of Laurie. You can get information on obtaining a license by calling Department of Revenue at (573) 751-2836 or on-line at www.dor.state.mo.us/tax.

Property owners permission. If your business is operating from a non-permanent structure * , or a permanent structure you do not own or rent, or if you will be selling from more than one location within the city limits, you must include written permission from the property owner(s) indicating the physical address and length of time you have permission to use their property.

* Within the city limits of Laurie, the State of Missouri has a seventy-five (75) foot right-of-way on either side of the centerline of the highway. No signs or structures of any kind are allowed to be placed on this right-of-way.

Application for City Merchants License

Ordinance 2005-10

City of Laurie
P.O.Box 1515, Laurie, MO 65038
573 374-4871 Fax 573 374-5093
\$25.00 Fee, Licenses expire June 30th

PLEASE PRINT

BUSINESS INFORMATION:

1. BUSINESS NAME _____ dba: _____
2. _____
STREET ADDRESS MAILING ADDRESS
3. _____
PHONE NO. BUSINESS HOURS
4. _____
TYPE OF BUSINESS
5. _____
AFTER HOURS (911) CONTACT NAME & PHONE NUMBER
6. IS BUSINESS EXEMPT FROM REPORTING SALES TAX? YES NO (IF NO, COMPLETE NO.7)
7. _____
MISSOURI RETAIL SALES TAX LICENSE NUMBER NAME (IF DIFFERENT THAN BUSINESS NAME)
8. WILL BUSINESS BE OPERATED FROM A NON-PERMANENT (MOBILE) STRUCTURE? NO YES (IF YES DESCRIBE TYPE OF STRUCTURE AND ANSWER NO.9)
9. WILL BUSINESS BE OPERATED FROM MORE THAN ONE LOCATION? NO YES (IF YES LIST ALL LOCATIONS BELOW)

OWNERS INFORMATION:

10. OWNERSHIP STATUS: INDIVIDUAL PARTNERSHIP CORPORATION
11. _____
OWNER/CORPORATE NAME SOCIAL SECURITY NUMBER OR FEIN
12. _____
MAILING ADDRESS PHONE NUMBER

DATE

SIGNATURE OF PERSON COMPLETING APPLICATION

THE ISSUANCE OF A LICENSE SHALL NOT BE CONSTRUED AS A WAIVER OF ANY FURTHER REQUIREMENTS UNDER
ORDINANCES OF THE CITY OF LAURIE

(OFFICE USE ONLY)

\$25.00 FEE- CASH/CHECK # _____

COPY OF RETAIL SALES LICENSE

IF MOBILE SALES- WRITTEN PERMISSION FROM PROPERTY OWNER(S)

DATE ISSUED _____

LICENSE NUMBER _____