

Paid \$ _____

Approved _____

Date: _____

Lic. No. _____

2012 MERCHANT LICENSE APPLICATION

Must Include a "No Tax Due" Statement from DOR with application before a license can be issued to any business where goods are sold or rented

To Receive Printable Statement: www.taxclearance@dor.mo.gov or 573-751-9268

Please Type or Print

BUSINESS NAME: _____

PHYSICAL LOCATION: _____

MAILING ADDRESS: _____

BUS. PHONE _____ CELL PHONE _____

BUS. FAX _____ E-MAIL _____

() CORPORATION () LLC () PARTNERSHIP () INDIVIDUAL OWNER

If Corporation, FEIN NO. _____ MO SALES TAX _____

NATURE OF BUSINESS: _____

OWNER: _____ SSN: _____

HOME ADDRESS: _____

CITY, STATE, ZIP _____ HOME PHONE _____

APPLICANT SIGNATURE: _____

3RD PARTY EMERGENCY CONTACT: _____

PHONE: _____ CELL PHONE: _____

FEE SCHEDULE: BASIC \$10.00 FEE FOR ANY BUSINESS
PRO-RATED FOR NEW BUSINESS OR NEW OWNERSHIP AS FOLLOWS:

January 1.....	\$10.00
May 1 to August 31.....	7.00
Sept 1 to Dec 31.....	4.00

Make Check Payable to
CITY OF SUNRISE BEACH

And mail to above address or deposit in mail box beside door at City Hall

CONTRACTORS' NOTE: Under the MO Workers' Compensation Law, Sec 287.061 RSMo, a contractor applying for a business license from a municipality **must provide proof of insurance coverage** or an affidavit or exemption form which has been developed by the Division of Workers' Compensation **in order too obtain a merchant license.**