



798 S. Marshall St., Marshfield, MO 65706
P: 417-859-2352 F: 417-468-5267

2017

BUSINESS LICENSE
APPLICATION

General

Date _____

AMOUNT DUE - \$18.00

Name of Business _____

DBA _____

Business Type _____ Local Phone _____

Local Street Address _____

Building Owner _____ Phone _____

Business Owner _____ Phone _____

Contact Person _____ Phone _____

Business Mailing Address _____

Federal ID # _____ Missouri Sales Tax # _____

MO. Statute 144.083 Business license requirement: **All new or renewed business licenses must have Dept. of Revenue no tax due verification.** The City will issue license if no tax due is verified. If City cannot verify no tax due, the business will be contacted to furnish City with no tax due letter before license will be issued.

Applicant affirms by signature below that said business does not currently, nor will it in the future employ non-documented persons, with the understanding that doing so would be in violation of both Federal Law and the laws of the State of Missouri.

Signature: _____