



**CITY OF APPLETON CITY
114 E 4TH ST
APPLETON CITY, MO 64724
660-476-2631**

KAROL D. STEPHAN
MAYOR
acmayor@centurylink.net

JO ANN DAVIS
CITY COLLECTOR
accollector@centurylink.net

SUSAN SALMON
CITY CLERK/TREASURER
acclerk@centurylink.net

APPLETON CITY BUSINESS LICENSE

PLEASE FILL OUT THE FOLLOWING APPLICATION AND RETURN IT WITH YOUR TWENTY- FIVE DOLLAR FEE. REMIT TO THE APPLETON CITY COLLECTOR, 114 E. 4TH STREET, APPLETON CITY, MO 64724. NEW REQUIREMENTS AS OF JANUARY 1, 2009 AS A DIRECTIVE FROM THE STATE OF MISSOURI, STATE STATUES (SECTION 144.083.2 & 1440.83.4 RSMO) READS A STATEMENT FROM THE DEPARTMENT OF REVENUE STATING NO TAX IS DUE SHALL ALSO BE A PREREQUISITE TO THE ISSUANCE OR RENEWAL OF ANY CITY BUSINESS LICENSE IF YOU ARE A BUSINESS WHERE GOODS ARE SOLD AT RETAIL. THE STATEMENT SHALL BE DATED NO LONGER THAN NINETY (90) DAYS BEFORE THE DATE OF THE RENEWAL OR ISSUANCE OF THE CITY LICENSE.

*IF YOU DO NOT INCLUDE SALES TAX NUMBER OR TAX ID NUMBER WE CANNOT ISSUE A BUSINESS LICENSE. IF YOU DO NOT SELL RETAIL THEN PROVIDE YOUR PERSONAL SOCIAL SECURITY NUMBER.

MISSOURI SALES TAX NO: _____ DATE: _____

BUSINESS NAME: _____ PHONE: _____

ADDRESS OF BUSINESS: _____

CONTACT PERSON: _____

TYPE OF BUSINESS: _____

FOR THE PERIOD OF OCTOBER 1, 2017 TO SEPTEMBER 30, 2018.

I UNDERSTAND THE LAW CONCERNING WORKER COMPENSATION AND HAVE PROVIDED THIS COVERAGE, IF APPLICABLE TO MY BUSINESS.

SIGNATURE OF APPLICANT