



CITY OF SPARTA

200 NORTH AVENUE – P.O. BOX 246

SPARTA, MISSOURI 65753

P: 417.634.3992 FAX: 417.634.5785

BUSINESS LICENSE APPLICATION

(Complete all applicable information and sign)

- RENEWAL
- NEW APPLICATION

BUSINESS NAME (DBA) _____

BUSINESS PHYSICAL ADDRESS _____

MAILING ADDRESS _____

CITY _____ **STATE** _____ **ZIPCODE** _____

BUSINESS PHONE (____)____-____ **CELL PHONE** (____)____-____

EMERGENCY CONTACT _____ **PHONE NUMBER** (____)____-____

TYPE OF BUSINESS: OFFICE _____ RETAIL _____ MFG _____ WAREHOUSE _____ SERVICE _____

SALES TAX EXEMPT: [YES] [NO]

RETAIL SALES TAX NUMBER _____

(COPY OF MISSOURI RETAIL SALES CERTIFICATE AND A NO TAX DUE CERTIFICATE REQUIRED)

DESCRIPTION OF BUSINESS _____

BUSINESS OWNER'S NAME _____

EMAIL ADDRESS _____

APPLICANT'S NAME _____
(IF DIFFERENT THAN OWNER)

APPLICANT'S TITLE _____

SIGNATURE OF APPLICANT

DATE

SCHEDULE OF LICENSE FEES
(for select licenses)

- Business License:** Annual \$25.00
- Peddler:** Daily \$5.00 Monthly \$25.00 Annual \$50.00
- Transient Merchants:** on the street – Thirty (30) Day Permit shall be one-half (1/2) of \$25.00 by Number of Employees
- Transient Door-to-Door Sales:** Monthly \$20.00 per employee

APPLICATION PROCESS FOR LICENSE/RENEWAL

APPLICATION APPROVAL FOR LICENSE/RENEWAL – No License shall be issued until proof of compliance with all required City, County and State requirements and monies owed have been paid; attached hereto, and submitted to the City Clerk in accordance with Chapter 600 and Chapter 605 of the Code of Ordinances of the City.

FOR OFFICE USE ONLY:

Date Application Received: _____

Date Business License Issued: _____

Business Authorized Date: _____ Business Expiration Date: _____

Business License Issued: (Daily/Monthly/Annual) _____

Business License Amount: \$ _____