

Business License Application or Renewal

Name of Business: _____ Year First Licensed: _____

Owner(s) Name(s): _____

Location Address: _____ Mailing Address: _____

E-Mail: _____ Driver's License #: _____

Federal Employer Identification Number: _____

Business Telephone Number: _____

IS THIS BUSINESS REQUIRED TO REMIT MISSOURI SALES TAX? YES ___ NO ___



City of Strafford
P. O. Box 66
Strafford MO 65757

Missouri Sales Tax Number: _____

Phone: (417) 736-2154 Fax: (417) 736-2390

Zoning District: Residential ___ Commercial ___ Industrial ___

Type of Business: Manufacturing ___ Distribution ___ Retail ___ Rental ___ Service ___

Brief Description of Business: _____

Emergency Information

Emergency Contact: _____
(NAME)

(PHONE NUMBER)

Does your Company have an Alarm System? (Y) (N)

Business Hours: _____

Days: (M) (T) (W) (Th) (F) (S) (S)

All information in this box is given to the Strafford Police Department in the event of an Emergency.

Application and Business must be in conformity of the City of Strafford, Municipal Code and Missouri State Statutes. Failure to purchase license is punishable by law. All Business licenses must be prominently displayed and renewed January of each year.

FOR OFFICE USE ONLY

AMOUNT PAID: _____

DATE PAID: _____

CASH/CHECK NO: _____

APPLICATION RECEIVED BY: _____

DATE APPROVED: _____

APPROVED BY: _____

Please remit \$10.00 Renewal Fee with this application.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.

(Business Owner Signature)

(Date)