

# Business License Application or Renewal 2016

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)