

**City of West Plains Missouri  
Business License Application**

Company Name: \_\_\_\_\_ MO Retail Sales Tax I.D. #: \_\_\_\_\_

DBA Name: \_\_\_\_\_ Attach a certificate of No Tax Due , if required.

*All applicants with the possession of a retail sales license are required to submit a statement from the Missouri Department of Revenue that the licensee owes no tax due under RSMo Sections 144.010 to 144.510 or RSMo Sections 143.191 to 143.261. This must be done at the date of application, as well as the annual date of license renewal. The date of issuance on the statement must not be more than ninety (90) days before the date of submission of this application, or renewal of the local license.*

**Physical Location of the Business (Address):**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Mailing Address (if different from above):**

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

**Description of Business:** \_\_\_\_\_

Please select the most appropriate category that best describes the nature of your business:

- Contractor/Sub-contractor: TYPE: ( ) General ( ) Plumber ( ) Electrical ( ) HVAC  
 Entertainment  Restaurant  Retail Sales  Liquor Sales  Service  Daycare

**Do you plan to sell prepared food?**  No  Yes *If yes, attach a copy of your inspection certificate.*  
(Call Justin Frazier at 417-256-7078 for an inspection, or for more information.)

**Worker's Compensation Coverage** - If you are a Contractor in the construction industry, with one or more employees, other than yourself, you are required by State Statutes RSMo 287.061 to provide a certificate of Insurance for Worker's Compensation coverage. If you do not employ any employees, other than yourself you may qualify for an *Affidavit of Exemption for Workers' Compensation Insurance pursuant to RSMo 287.061*. This form is available at City Hall, and requires signature of the applicant attesting that the contractor is exempt.

Is a Certificate of Insurance required?  No If No, please attach a signed Affidavit.  
 Yes If Yes, please attach a current Certificate.

***I declare, under penalty of perjury, that this application has been examined by me, and that the statements made herein are in good faith pursuant to the City of West Plains tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.***

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Please include a copy of Photo ID : State Driver License # \_\_\_\_\_

Social Security #: Last 4 Only \_\_\_\_\_, Date Of Birth: \_\_\_\_\_

Please return this application, along with your remittance of the appropriate Business Fee(s) payable to the **City of West Plains**. Please see a current fee schedule on the back of this page.

**License Fee Schedule:**

**Business:** \$30.00 July 1 - June 30 \$15.00 January 1 - June 30 (pro-rated)  
(Required for all businesses conducting business with the City limits of West Plains.)

**Liquor:** (In addition to a Business License)

Liquor by Drink \$750.00  
Resort/Sunday Sales \$450.00  
Sunday Sales \$200.00  
Distributor \$115.00  
Original Package \$85.00  
Tavern \$62.50  
Beer & Wine \$35.00

**Certifications:** (In addition to a Business License)  
(Plumbing, Electrical & HVAC) \$20.00 (per certification held)

**Taxi/Vehicle for Hire:** \$20.00 (for the 1st Vehicle)  
\$10.00 (for each additional vehicle)

**Annual License Fees are due to the City of West Plains for the year beginning July 1 & ending June 30th.**

**This Section to be Completed by City Hall:**

TIF Zone #1 \_\_\_\_\_ CID Zone #1 \_\_\_\_\_

TIF Zone #2 \_\_\_\_\_ CID Zone #2 \_\_\_\_\_

TIF Zone #3 \_\_\_\_\_

[ ] Mobile Business

Business Address Zone: \_\_\_\_\_

License # \_\_\_\_\_

Paid By: [ ] Cash [ ] M/O

[ ] Check# \_\_\_\_\_

Receipt# \_\_\_\_\_

Deposit Date \_\_\_\_\_

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

Dixie Williams, Director of Finance  
P. O. Box 710, West Plains, MO 65775