

**APPLICATION FOR CITY BUSINESS LICENSE  
CITY OF WEST PLAINS, MISSOURI  
P.O. BOX 710, WEST PLAINS, MO 65775  
Phone: 417-256-7176 Fax: 417-256-4953**

\$30 July 1st – June 30th  
\$15 January 1st – June 30th  
(Prorated amt. after January 1st)  
License # \_\_\_\_\_  
Paid: Cash \_\_\_\_\_ M/O \_\_\_\_\_  
Check # \_\_\_\_\_  
Receipt # \_\_\_\_\_  
Deposit \_\_\_\_\_

Trade Name: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

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

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Indicate Ownership Type: Individual \_\_\_\_\_ Partnership: \_\_\_\_\_ Corporation: \_\_\_\_\_

List partners or corporate officers including title & phone numbers: \_\_\_\_\_

Description of Business (give details): \_\_\_\_\_

Is this a construction type business?  Yes  No If yes, how many employees do you expect to hire? \_\_\_\_\_  
*(Proof of workmen's compensation insurance is required per SB 251 & Ordinance 3394 for construction companies employing one or more persons.)*

State Sales Tax ID Number (attach a copy of your certificate): \_\_\_\_\_  
*(Contact District Sales Tax Office 417-895-6474 or Springfield Hot Line 417-895-6479)*

**A certificate of No Tax Due is required for conducting any business where goods are sold at retail.**

Do you plan to sell prepared food?  Yes  No  
*If yes, a copy of the health inspector's certificate must be attached. (Call Justin Frazier at 417-256-7078 for an inspection or more information.)*

**If you are renting or leasing an existing building or property for this business you must obtain a Certificate of Occupancy.**

This business was formerly operated by: \_\_\_\_\_

Have you ever had a West Plains business license?  Yes  No  
If yes, what was the company name? \_\_\_\_\_

Opening Date: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Owner Signature: \_\_\_\_\_

Office Use: TIF Zone #1 \_\_\_\_\_ TIF Zone #2 \_\_\_\_\_ TIF Zone #3 \_\_\_\_\_ CID Zone #1 \_\_\_\_\_ CID Zone #2 \_\_\_\_\_

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

Application approved by: \_\_\_\_\_  
Dixie Williams, Director of Finance Date Approved  
P.O. Box 710, West Plains, MO 65775