

CITY OF STRAFFORD

APPLICATION FOR BUSINESS LICENSE

Business Name: _____

Business Address: _____

Business Mailing Address (If Different From Above): _____

Address Of Person Completing This Application (If Different From Above): _____

Business Phone Number: _____

Description Of Business Activities: _____

The Business Is Organized As A (Please Check One):

Sole Proprietorship _____

Corporation _____

Limited Liability Company _____

Partnership _____

Other _____ (Describe or Explain) _____

If the business is operated as a corporation or limited liability company attach hereto a copy of your Certificate Of Incorporation or Certificate Of Organization.

If the business is a corporation state your position and office or offices held: _____

If the business is a limited liability company, state if the company is a management or member operated company and state your position with the company: _____

If the business is operated as a partnership attach a separate sheet of paper containing the names and addresses of each general partner, the date of execution of the Partnership Agreement, the location of the Partnership Agreement, and the name of the person who has control or possession of the agreement: _____

If the business is a partnership, are you a general partner? If not, state your position:

If you checked "Other" with regard to the business organization, describe the organization of the business and state your relationship thereto and/or position therein: ____

Missouri Employer Identification Number, or other identifying number, for tax purposes:

Missouri Sales Tax Number: _____
(if you do not have a Missouri Sales Tax Number and believe you are not required to charge or collect taxes under the Missouri Sales Tax Law set forth in Chapter 144 RSMo., state the basis for your belief): _____

**IF YOU ARE EXEMPT FROM CHARGING OR COLLECTING SALES TAX -
PLEASE PROVIDE A TAX EXEMPT LETTER FROM THE DEPARTMENT OF
REVENUE.**

If the physical location of your business is within the city limits of Strafford, is it located in a district zoned either commercial or industrial? If so, state which one?

(Note: this information may be obtained from the city zoning map, or from City Hall office personnel at a time when you are physically present at City Hall. Due to the potential of error and misinformation, phone inquiries will not be accepted.

If your business is to be located in a district zoned residential, state each and every reason you believe your business activities may be conducted in an area zoned as residential:

THE FOREGOING IS MADE UNDER OATH OR AFFIRMATION AND ITS REPRESENTATIONS ARE TRUE AND CORRECT TO THE BEST KNOWLEDGE AND BELIEF OF THE UNDERSIGNED, SUBJECT TO THE PENALTIES OF MAKING A FALSE AFFIDAVIT OR DECLARATION.

DATE

SIGNATURE

PLEASE RETURN WITH A \$ 10.00 PAYMENT TO:

**CITY OF STRAFFORD
PO BOX 66
STRAFFORD MO 65757**

IF YOU ARE A CONTRACTOR WITH EMPLOYEES YOU WILL NEED TO PROVIDE PROOF OF WORKER'S COMPENSATION COVERAGE.