

**Application for Business License**  
**2008**

**Name of Business:** \_\_\_\_\_

**Owners Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_ **Mailing Address:** \_\_\_\_\_

**Business Telephone Number:** \_\_\_\_\_

**Are you Tax Exempt?**                      **YES**                      **(NO)**



**City of Strafford**

**PO Box 66  
Strafford MO 65757**

**Phone: 417-736-2154**

**Fax: 417-736-2390**

**Missouri Sales Tax Number:** \_\_\_\_\_

*Any person, firm or business that is required to pay sales tax, must show proof that all sales taxes due to the State of Missouri, have been paid to the date of the application prior to being issued a City Business License. Any person, firm, or business that is Tax Exempt, must show proof of Exemption.*

**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 Ordinance No. 501-02 of the City of Strafford. Failure to purchase license is punishable by law. All Business licenses must be prominently displayed and renewed in January of each year.

**FOR OFFICE USE ONLY**

**AMOUNT PAID:** \_\_\_\_\_

**DATE PAID:** \_\_\_\_\_

**CASH CHECK NO:** \_\_\_\_\_

**APPLICATION RECEIVED BY:**  
\_\_\_\_\_

**DATE APPROVED:** \_\_\_\_\_

**APPROVED BY:** \_\_\_\_\_

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)