**CITY OF STURGEON**

**303 East Station Drive Sturgeon, Mo. 65284**

**BUSINESS LICENSE APPLICATION**

**January 1, 2024, THRU December 31, 2024**

**PLEASE PROVIDE YOUR TAX DUE WHEN RETURNING YOUR APPLICATION TO CITY HALL BEFORE January 31, 2024. THE COST IS $25.00 FOR THE YEAR.**

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

**Full Name of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Physical Location of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mailing Address of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nature of the Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Is your Business Name registered with Missouri DOR for collection of sales tax? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Missouri Retail Sales Tax ID Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Does your Business sell tangible personal property? \_\_\_\_\_\_\_\_\_\_\_\_\_**

**I state that I am the applicant and hereby declare all above statements to be true and correct.**

**The business to be operated will be conducted in a fair, responsible, and reasonable manner without fraud, willful misconduct, or false statement. If a business ceases operation or license is suspended or revoked this license will be immediately returned to the City Clerk. If there are changes in ownership, address or type conducted the City Clerk shall also be notified. Call City Hall 573-687-3321 with questions. Thank you, The City of Sturgeon,**

**Applicants Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

**City Clerk Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Date Paid: \_\_\_\_\_\_\_\_\_\_\_\_\_ Receipt #: \_\_\_\_\_\_\_\_\_