**ALL INFORMATION AND FEES MUST BE PROVIDED BEFORE THE BUSINESS LICENSE CAN BE ISSUED.**

* **Regular Licenses are valid from 6/1 to 5/31 annually. License Fee is $50 unless prorated after January 1 @ $5 per month through 5/31.**
* **Vendor Licenses are valid for the days of the registered Special Event. Fee is $10 for up to 5 days.**

Business Contractor Vendor, Special Event

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ New \_\_\_\_ Renewal \_\_\_\_

Business Name & Physical Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If Retail Sales, Missouri Department of Revenue Retail Sales ID\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner/Manager Name and Phone Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Name and Number (if different) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Operating Hours \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Alarm Information, if applicable\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Remarks/Notes\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Please note the following requirements for licensing within the City of Branson West:**

* **IF RETAIL and/or VENDOR, a copy of your State Retail License must be submitted with this application**
* **IF RETAIL and/or VENDOR, a No Tax Due Statement must be provided by Retailers before a business license certificate can be issued. Contact the Missouri Dept. of Revenue (573) 751-9268.**
* **Contractors must provide proof of Workers Compensation insurance or fill out an affidavit of exemption before they can be licensed.**

**I certify that the above information is true and accurate.**

Applicant’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Application received by \_\_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_ Payment \_\_\_\_\_\_\_\_\_\_\_\_

***Contact Information:***

***City of Branson West***

***P. O. Box 2229***

***Branson West, MO 65737-2229***

***Phone 417-272-3313***

***Fax 417-272-8669***

***For Interoffice Use only*** BL #\_\_\_\_\_\_\_\_\_

Proof of (No tax due statement)\_\_\_\_\_

Proof of MO DOR Retail Sales Tax ID #\_\_\_\_

Proof of Workers Compensation Insurance \_\_

Proof of proper Zoning for Business\_\_\_\_