



City of Neosho  
 203 E. Main  
 Neosho, MO 64850  
 417-451-8050  
 417-451-8065(fax)

New App     Renewal

Date Application Rec'd \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
License # _____	Check # _____
Lic Fee: _____	Cash \$ _____
Delinq. Fee: _____	License Delivered
Total Fees: _____	Date _____

**Application for Business License—Fiscal Year Ending September 30, 2017**

<b>OFFICE USE ONLY</b>	
Zoning Approval & Classification (if <u>new</u> application) _____	Classification _____ Signature of Planning & Zoning _____
Fire Inspector Approval (if <u>new</u> application) _____	Date _____
City Finance Department Clearance _____	Date _____

Full Legal Name of Company \_\_\_\_\_

List all other names used by the Company \_\_\_\_\_

Business Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Name of Owner(s) of Company \_\_\_\_\_ Social Security Number \_\_\_\_\_

Address of Owner(s) of Company \_\_\_\_\_

Company is:  Sole Proprietorship     Partnership     Corporation     Limited Liability Co     Other (describe): \_\_\_\_\_

Is this business inside the Neosho City limits?  Yes     No                      Will this business make retail sales?  Yes     No

Company Federal ID # \_\_\_\_\_                      Company Missouri Tax ID # (MITS) \_\_\_\_\_

Business Phone \_\_\_\_\_ Home/Cell Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_

Principal Product or Service Provided/Nature of the Business \_\_\_\_\_

Vehicles for Hire—Taxicabs must attach a copy of Bond or Insurance as described in City Code § 625.190 along with paid receipt.

What is the amount of your GROSS SALES/REVENUE per year (check one)?

- |   |             |                 |
|---|-------------|-----------------|
| _____ \$0.00 to \$50,000 gross sales  | \$10.00 fee | _____           |
| _____ \$50,001 to \$100,000 gross sales   | \$15.00 fee | _____           |
| _____ \$100,001 to \$500,000 gross sales  | \$20.00 fee | _____           |
| _____ Over \$500,000 gross sales  | \$25.00 fee | _____           |
| _____ Security/Investigative Services   | \$30.00 fee | _____           |
| <b>License Fee Due</b>  |             | _____           |
| <b>Delinquent Penalty (5% per month or part of month beginning with November)</b> |             | _____           |
| <b>TOTAL DUE</b>  |             | <b>\$ _____</b> |

By signing below, I certify that all the information contained in this Application and supplied in support hereof is true, complete and accurate. I further certify that I am and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States. **I further certify that all taxes and fees now due and payable by the Company to the City are paid/current.**

**X - Authorized Signature** \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

<b>OFFICE USE ONLY</b>	
_____	Date _____
License Clerk	