

Merchant/Business Emergency Contact Information

If information is the same as the front of license please fill out the emergency contact information

Business Name : _____

Business Address : _____

Business Owners Name(s) : _____

Does your business have an alarm system? YES NO

Emergency Contact Information

Please List in contact importance order

Name : _____ Number : _____
 Owner Manager Other

Name : _____ Number : _____
 Owner Manager Other

Name : _____ Number : _____
 Owner Manager Other

Name : _____ Number : _____
 Owner Manager Other

Name : _____ Number : _____
 Owner Manager Other

Special Contact Instructions :

MERCHANTS/BUSINESS LICENSE APPLICATION

CITY OF SWEET SPRINGS

STATE OF MISSOURI - COUNTY OF SALINE

AMOUNT DUE : \$ _____

Missouri State Sales Tax Number

*Attach a copy of "NO TAX DUE" Statement

For Office Use Only	
License #	_____
Date Issued	_____

Legal Business Name _____
(corporation/individual/company/llc)

Business Address _____
Street, City, State, Zip

Name of Business in Sweet Springs _____
 Same as Legal Business Name

Business Location In Sweet Springs _____
 Same as Business Address

Mailing Address for License Renewal _____
Street, City, State, Zip

Business Phone Number _____
For City Locations

Nature of Business _____

Section 150.100, RSMO, states no person corporation, co-partnership or association of persons shall deal as a merchant without a license first obtained according to law, etc.

Section 144.083.2, RSMO, further states the possession of a Missouri Retail Sales License (sales tax) shall be a prerequisite to the issuance of any City or County license. Therefore, we must be furnished with the sales tax number before we can issue a Merchants License

Senate Bill 251 signed into law on August 28, 1993 requires the following information prior to a CITY Merchants License being issued. Please Mark item 1 or 2 (whichever applies) and provide the necessary information information.

Item 1 - I **DO HAVE** Workmen's Compensation Coverage provided by _____
Insurance Company Name and Policy #

Item 2 - The Missouri Workers Compensation law, Chapter 287, Revised Statues of Missouri 1986, does not require Workers Compensation coverage for the business listed above.

Information Regarding Applicant:

Applicant is : Owner Manager Agent

Legal Name of Applicant (Please Print) _____

Email Address _____

Signature of Applicant

Date