

**City of Reeds Spring, Missouri**  
21016 Main St, Suite B, PO Box 171, Reeds Spring MO 65737  
Phone: 417-272-3309 - [cityclerk@reedsspringmo.gov](mailto:cityclerk@reedsspringmo.gov)  
[reedsspringmo.gov](http://reedsspringmo.gov)

*IMPORTANT NOTE: According to the city ordinances, it is unlawful to operate a business before receiving receiving your Business License. Applicants should allow two weeks for processing. A Business License number is assigned when the application is turned in; however, the number is only a tracking device and is not valid until you have received your Business License Certificate.*

*SECTION 605.070 Separate license required for each business: For each business required by this chapter to be licensed, a separate license shall be obtained. When any person engages in two (2) or more businesses at the same location under one (1) license, the applicant shall pay a license fee equal to the sum of all the fees for each business so licensed.*

**Reason for Application:**

- New Business License                       Renewing Business License  
 Purchase of Existing Business            Other

**Business Name (DBA Name)** \_\_\_\_\_

**Physical Location - Street** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_                      **State** \_\_\_\_\_                      **Zip Code** \_\_\_\_\_

**Business Phone Number** \_\_\_\_\_ **Website** \_\_\_\_\_

**Facebook** \_\_\_\_\_

**Business Activity :**                      **Do you offer sales of the following items? Select all that apply.**

- Alcoholic Beverages                       Alternative Nicotine                       Cigarettes/Tobacco  
 Precious Stones                               Gold/Silver                                       E-Cigarettes/Vapor Products

**RETURN COMPLETED FORM TO:**

City Clerk  
City of Reeds Spring  
PO Box 171  
Reeds Spring MO 65737

<b>Office Use Only</b>
Business License Fee Collected _____
Date Paid _____
Fee Collected By _____
Business License Number Assigned _____
Missouri No Tax Statement Yes/No _____

**Ownership Type:**

Sole Proprietor    Partnership    Government    Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office. A copy of your registration is to be included with this application. For more information regarding registering your business, visit the Secretary of State's website at [www.sos.mo.gov](http://www.sos.mo.gov).

Limited Partnership                       Limited Liability Partnership  
 Missouri Corporation                       Non-Missouri Corporation  
 Limited Liability Corporation

**Owner Information:**

**Owner Name (Enter Individual, Partnership Name, LLC, or Corporation Name)**

\_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Mailing Address: (Licenses and Forms will be mailed to this address)**

\_\_\_\_\_

**Officer, Partner or Member:**

Provide the officer, Partner or member of your business who will be responsible for the purchase of the Business License.

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_

**Home Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Retail Sales (Sales Tax Requirement)**

If you are required to collect and/or pay sales tax within the City of Reeds Spring, you are required to have a Sales Tax ID Number issued by the State of Missouri. Is your business required to collect sales tax within the City of Reeds Spring? If yes, please attach a copy of your Missouri No Tax Due Statement (issued from Missouri Department of Revenue). For more information in obtaining your No Tax Due Statement, please contact the Missouri Department of Revenue website at: <https://dors.mo.gov/tax/notaxdue/taxpayer.jsp> or call 573-751-9268.

Yes                       No

**My Missouri Tax ID # is** \_\_\_\_\_

**My Federal Tax ID # is** \_\_\_\_\_

**Employees:**

**Total number of employees you anticipate will be working for your business?**

Full Time (including yourself) \_\_\_\_\_

Part Time (including yourself) \_\_\_\_\_

**Contractors and Subcontractors:**

Per RSMo. 287-061- If you are a Contractor or Subcontractor, you are required to provide a copy of your Worker's Compensation Insurance Certificate. If you are exempt by the Missouri State guidelines, you will be required to fill out the Missouri Exemption Form WC-134 (please ask our office for a copy).

**If you are a Subcontractor, please list the Contractor you will be working for:**

\_\_\_\_\_

**Food and/or Beverages**

If you are selling food and/or beverages, an inspection may be required from the Stone County Health Department prior to approval of your business license. For more information, contact the Health Department at: 417-357-6134

**Does your business sell food and/or beverages?**       **Yes**       **No**  
**Have you contacted the Stone County Health Department?**       **Yes**       **No**

**Mobile Vendors**

If you will be selling items from a mobile unit, please note this license will be for on location. In addition, you will be required to submit a letter from the owner of the property stating your mobile unit will be allowed to sell on their property.

If you will be selling fruits and vegeables you have personally grown, you are not required to purchase a City of Reeds Spring Business License. Please contact the City Clerk's Office to let them know you will be selling and the location.

**For review and signature:**

Under penalties or perjury, I declare the above information and any attached supplements are true, complete, and correct. I understand that filing false information may result in the closing of my business. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Officer, Partners, or Members section of this application. The signing party is acknowledging they have direct supervision or control over the business license.

State and/or Federal Law provisions regulate the presence of aliens in the United States. I understand that pursuant to 2008 Missouri House Bill 1549, certain public benefits are prohibited by law from being provided to aliens unlawfully present in the United States and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been or is being obtained and assert the obtaining of the permit or license will not violate the prohibition on providing certain public benefits for aliens unlawfully present in the United States as set forth in H.B. 1549. Should I become aware, after issuance of the permit or license and during the term of the permit or license that the business is in violation of H.B. 1549, I will immediately notify the City of the violation. I understand failure to do so may result in denial/revocation/suspension of the permit or license. After notification of violation is provided to the City, the business shall immediately advise the City of steps being taken to correct the violation. Failure to timely correct the violation may result in denial/revocation/suspension of the permit or license.

**I understand that I am not to conduct business until my application has been approved and my business license has been received.**

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**Printed Name**

**E-mail Address**

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**Signature**

This applicaion is approved  denied  on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

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**City Clerk**

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**Date**

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**Mayor**

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**Date**