## City of Belle 200 E. Third St. Belle, MO 65013 573-859-3513 - Voice 573-859-3821 – Fax

## **Application for Business License** City License valid July 1st – June 30th

•	Name of Business						
•	Address of Business						
		Cit	У	State	-		
•	Mailing Address						
•	Business Phone Number _						
•	Business Fax Number						
•	Type of Business						
•	Name of Owner(s)						
•	Address of Owner						
•	Date of Birth						
•	Contact Phone Number						
•	Owned by: Individual	Partnership	_ Corp.	LLC _			
•	Include License fee and Certificate of Liability Insurance						
•	Retail Sales License (only) – Requires: 1) Copy of your Sale Tax						
	License, 2) A (NO SALES TAX DUE) letter (573)751-9268						
•	MO Sales Tax ID# Federal ID#						
•	Emergency Contact if applicant can't be reached:						
•	Name Number						
•	How many employees, as defined by Chapter 287 RSMo, to maintain						
	Worker's Compensation Insurance coverage for your employees?						
	Vog Attoch	a convert Cortific	ata of In	almanaa			
	Yes-Attach No – Exem		ate of III	surance			
I	110 LACII	hereby declar	e the ab	ove inform	nation is		
true	and authorize the City of Be	elle Collector to in	rvestigat	e any info	rmation		
cont	ained herein to issue the rec	ruested nermit					

Under Oath, I affirm that I participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal Law to work in the United States. (Missouri HB 1549)

Print Name	Signature	ļ	Date
Amount Due \$		***************************************	••••••
(Office Use Only)			
Approved/Rejected _	City Collector		Date
Business Owes No Taxe Owner Owes No Taxe Business Owes No Ta Business Owes No Sa	es To City exes To County		