

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 _____
City State Zip
- 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?
_____ Yes-Attach a copy of Certificate of Insurance
_____ No – Exempt

I _____ hereby declare the above information is true and authorize the City of Belle Collector to investigate any information contained herein to issue the requested permit.

