

BUSINESS LIC. NO: _____

LICENSE FEE: _____

**2021
APPLICATION FOR BUSINESS LICENSE
AND RENEWAL OF BUSINESS LICENSE
IN THE CITY OF CENTRALIA, MISSOURI
(OTHER THAN PLUMBER'S LICENSE)**

OFFICE OF CITY CLERK
CITY OF CENTRALIA
114 S ROLLINS
CENTRALIA, MO 65240

Type of City Business License:

- _____ Application for City Business License (other than Plumber's License)
- _____ Application for or Renewal of City Business License (other than Plumber's License)

Business Information:

1. Date business first established in Centralia under current legal owner's ownership: _____
2. Name of Business: _____
3. Street Address/Location of Business in Centralia: _____
4. Full Name, Street Address, and Mailing Address of all Legal Owner(s) of Business (the Licensees): _____

5. If no legal owners of business reside inside the Centralia corporate limits, designate by name, street address and mailing address a resident agent of the business who resides inside the Centralia corporate limits, for service of all legal notices and other legal documents required to be served on business licensees: _____

Applicant Information:

6. Name and mailing address of Applicant applying for City Business License on behalf of Licensee of Business: _____

Business Phone Number: _____ Home Phone Number (if any): _____

Fax Number: _____ Email address: _____

7. Description of Business: _____

8. Does business sell cigarettes? Yes _____ *or* No _____ (check one)

If the business sells cigarettes, are they sold: Over the counter _____ *or* By vending machine _____

Name and mailing address of cigarette supplier for business: _____

9. Businesses selling goods at retail – **Attach** a copy of Missouri Retail Sales Tax License for business, *or* if City currently has sales tax license on file state the Missouri tax identification number for business: _____

10. Business selling goods at retail – **Attach** a copy of Missouri Sales Tax "No Tax Due" statement for business from Missouri Department of Revenue dated no earlier than ninety (90) days from the date this application is submitted to the Centralia City Clerk. (See instructions for how to obtain "No Tax Due" statement.)

11. Please **attach** certificate(s), *if required*, for grease trap inspection and/or backflow prevention inspection.

I state that I am the Applicant applying for this business license on behalf of the legal owner licensee and I hereby declare that all the above statements are true and correct. The business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentations, fraud, willful misconduct or false statements. I understand that if there are any changes or transfers of ownership, changes of address or changes in the type of business conducted, the City Clerk shall be notified. I understand that the legal owner licensee and any designated resident agent shall comply with and be governed in all respects by the ordinances and rules and regulations which are now in effect or which may hereafter be prescribed by the Board of Aldermen of the City of Centralia, Missouri. I agree to provide a copy of this application to at least one legal owner licensee and to any resident agent designated in this application.

Applicant's Signature

Date

OFFICE USE ONLY

Date Personal Property Taxes Paid: _____ *or* Hold for proof of Tax Payment: _____ Date License Released: In Person _____ *or* Mailed _____