



**Business License Application/Renewal Form**

**July 1, 2016 Thru June 30, 2017**

License must be posted in a conspicuous place at the business location. It is not transferable or assignable. Not valid until received. License authorizes only the types of businesses listed. ALL information must be filled out COMPLETELY and returned to the address below by July 1<sup>st</sup>. Missing information may delay issuance of your business license.

Business Name \_\_\_\_\_

Location \_\_\_\_\_

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

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

Type of Business(s) \_\_\_\_\_ (x) New License ( ) Renewal

1. \_\_\_\_\_ #1 Fee: \_\_\_\_\_

2. \_\_\_\_\_ #2 Fee: \_\_\_\_\_ Retail Sales Tax Number: \_\_\_\_\_

3. \_\_\_\_\_ #3 Fee: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Total Fees: \_\_\_\_\_ Prorated Fees: \_\_\_\_\_

Remit total amount indicated to City of Warsaw, PO Box 68, Warsaw, MO 65355 Phone 660-438-5522

Please give a brief description of the nature of the business and the goods to be sold:

\_\_\_\_\_

**OWNER INFORMATION MUST BE FILLED OUT COMPLETELY**

List of Ownership/Partners/Officers: \_\_\_\_\_ ALTERNATE Phone Number \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**\*\* "NO Tax Due" verification is required for Retail Sales Businesses\*\***

If your business has NO retail sales and you are not required to have a retail sales tax number:

Sign Here \_\_\_\_\_

**IMMIGRATION LAW REQUIREMENT**

*The notarized signing of this statement acknowledges 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 obtained.*

\_\_\_\_\_  
Signature Print Date

In the State of Missouri, County of Benton,

On this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me, the undersigned notary public, personally appeared \_\_\_\_\_, known to me to be the person whose name is subscribed above and acknowledged that he/she executed the same for the purposes therein contained. In witness whereof, I hereunto set my hand and official seal.

My Commission Expires: \_\_\_\_\_ Notary Public \_\_\_\_\_