



Business License Application Information/Instructions

Thank you for choosing to do business in the City of Republic. Below is a checklist of items that may be required as part of your application.

IMPORTANT NOTE – According to city ordinances, it is unlawful to operate a business before 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.

- Complete the attached Business License application form and return to the Community Development Department with your payment.
- If you will be operating the business out of your home, please complete the [Home Based Business Questionnaire](#) and submit with your Business License application form.
- If you will be operating any type of construction business, you must provide a copy of your current Workers' Compensation Liability certificate. If you are the sole employee, then you may complete the Missouri Exemption Form. The form is available in our office and must be notarized.
- If you collect any sales tax, you must provide your Missouri Tax Identification Number and a copy of your current (within 90 days of the application date) Missouri "No Tax Due" statement. Contact the Missouri Department of Revenue at www.dor.mo.gov/business for more information.
- If you will be providing any food services, you will need to contact the Greene County Health Department at (417) 864-1017 as soon as possible to determine if a permit will be required. You may need to provide them a copy of your building plans as well.
- If you are a new commercial business with a physical location inside the Republic city limits, if you will be remodeling your business location, if you will be putting up a sign for your business, etc., you will need to contact our office to determine if additional permitting will be required.

If you have any questions regarding the items listed above, please contact the Community Development Department at (417) 732-3150.

COMMUNITY DEVELOPMENT DEPARTMENT

204 North Main

Republic, Missouri 65738-1472

Phone: (417) 732-3150 Fax: (417) 732-3199

licensing@republicmo.com

Revised 04/30/2020



Business License Fees

Regular Business License *	\$50.00
Prorated fee beginning October 1st *	\$25.00
Banks and Manufacturing *	\$75.00
Home-Based Business * – <i>other restrictions may apply</i> (Businesses located inside Republic city limits only)	\$25.00
Itinerant Merchant (<i>includes Mobile Food Vendors</i>) *	
Fee based upon size/weight of vehicle	\$20.00 or fraction
Capacity of ½ ton or less	\$30.00 or fraction
Capacity of ½ ton not exceeding 1 ½ ton	\$50.00 or fraction
Capacity of over 1 ½ ton	\$50.00 +
Apartment Houses, Hotels and Motels *	\$50.00 +
(\$50 for first unit, \$1 for each additional unit)	
Solicitor License – <i>other restrictions apply</i>	
License for a period longer than 90 days *	\$75.00
Temporary Solicitor License (90 day license)	\$35.00
Temporary Seasonal License - for a period not to exceed 90 days. This license cannot be renewed.	\$25.00
Relocation (Change of Address Form)	\$10.00

* Expires December 31st of each year

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Republic Business License Application

Please answer all questions completely.

Incomplete and unsigned applications will delay processing.

All business licenses expire on December 31st and must be renewed prior to that date.

Date: _____

A Reason for Applying	
<input type="checkbox"/> New Business License	<input type="checkbox"/> Reinstating Old Business
<input type="checkbox"/> Purchase of Existing Business	<input type="checkbox"/> Other:

B Business Name and Physical Location		
1. Business Name (DBA Name)		
2. Physical Location - Street (Do not use PO Box or Rural Route Number)		
City	State	Zip Code
3. Business Telephone Number		
If applicable, list the name of your business Facebook page		
Facebook.com/ _____		
4. Describe the business activity, stating the major products sold and service provided.		
<input type="checkbox"/> Retail _____	<input type="checkbox"/> Service _____	
<input type="checkbox"/> Wholesale _____	<input type="checkbox"/> Manufacturer _____	
<input type="checkbox"/> Other _____	<input type="checkbox"/> Contractor _____	

C Business Activity		
5. Do you offer retail sales of the following items? Select all that apply.		
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Alternative Nicotine	<input type="checkbox"/> Cigarettes or Other Tobacco
<input type="checkbox"/> Precious Stones	<input type="checkbox"/> Gold/Silver	<input type="checkbox"/> E-Cigarettes or Vapor Products

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www.republicmo.gov

D Ownership Type

6. 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.

Limited Partnership Limited Liability Partnership Limited Liability Company

Missouri Corporation Non-Missouri Corporation

E Owner Information

7. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable).

Address			E-mail Address	
City	State	Zip Code	County	
If an individual is listed as the owner, you must also provide the following:				
Date of birth (MM/DD/YY)		Telephone Number		

F Mailing Address (Forms, Licenses and Notices will be mailed to this address)

8. Address (street, rural route or PO Box)	City	State	Zip Code
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G Officer, Partner or Member

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

Name (Last, First, Middle Initial)			Title	
Home Address			City	
State	Zip Code	County	Date of Birth (MM/DD/YY)	

H Retail Sales (Sales Tax Requirement)

10. If you are required to collect and/or pay sales tax within the City of Republic, 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 Republic? If yes, please attach a copy of your Missouri No Tax Due Statement (issued from the Missouri Department of Revenue). For more information, visit www.dor.mo.gov.

Yes No My business sales tax ID# is: _____

I Contractors and Subcontractors

11. Per RSMo. 287.061 - If you are a Contractor or Subcontractor, you are required to provide a copy of your Workers' 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:

J Home Based Businesses (Located inside the city limits of Republic)

12. If your business is operated in your home and is located inside the city limits of Republic, please fill out the "Home Based Business Questionnaire" (Please ask our office for a copy).

K Zoning Requirements

13. If you have a physical location inside the city limits and are applying for a commercial business license, please contact the Community Development Department at 417-732-3150 for a Change of Occupancy Permit.

14. City Ordinance #05-72 requires your business provide designated handicapped parking spaces at your place of business and you must show compliance when applying for a business license (Please attach a picture of your handicapped parking spaces and sign).

15. Do you plan to make any changes to the building or property associated with the business? Yes No

If you plan to make changes, you will need to contact the Community Development Department prior to approval of your business license.

16. If you will be building a fence or adding an accessory building to the premise, please contact the Community Development Department for the necessary permits.

L Employees

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

Full Time (Including yourself) _____

Part-Time (Including yourself) _____

M Food and/or Beverages

18. If you will be selling food and/or beverages, an inspection may be required from the Greene County Health Department prior to approval of your business license. For more information, contact the Health Department at (417) 864-1017.

Does your business sell food and/or beverages? Yes No

Have you contacted the Greene County Health Department? Yes No

For review and signature.

Under penalties of 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 the 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.

Signature of Applicant

Title

Date (MM/DD/YY)

Printed Name

E-Mail Address

Mail to: Community Development Department
204 North Main Street
Republic, MO 65738

Phone: (417) 732-3150

Fax: (417) 732-3199

E-mail: licensing@republicmo.com

FOR OFFICE USE ONLY	
Business License Fee Collected \$ _____	Date Paid: _____
Fee collected by: _____	Business License Assigned Number: _____

Form revised 04-27-2020