



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

COMMUNITY DEVELOPMENT DEPARTMENT

204 North Main

Republic, Missouri 65738-1472

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

www.republicmo.com

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

N Mobile Vendors

19. If you will be selling items from a mobile unit, please note this license will be for **one** location. In addition, you will be required to submit a letter from the owner of the property stating your mobile unit will be allowed to sell items on their property.

If you will be selling fruits and vegetables you have personally grown, you are not required to purchase a Republic Business License. Please contact the City Clerk's Office to let us know you will be selling and the location.

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: cmoller@republicmo.com

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

Form revised 8-07-18