



107 West Sears Avenue
Owensville, Mo 65066

573-437-2812- Voice
573-437-5812 – Fax
www.cityofowensville.com

Application for Business License

City License valid July 1st – June 30th

- **Name of Business** _____
- **Address of Business** _____

City State Zip
- **Mailing address** _____

City State Zip
- **Business Phone Number** _____
- **Business Fax Number** _____
- **Type of Business** _____
- **Name of Owner(s)** _____

- **Address of Owner** _____

City State zip
- **Date of Birth** _____
- **Contact Phone Number** _____
- **E-Mail** _____
- **Type of License:**

Manufacturing _____ \$50.00	Banking _____ \$40.00
Retail Sales _____ \$25.00	Occupation _____ \$10.00
Contractor _____ \$10.00	Solicitor Etc. _____ \$25.00 a day
- **Owned by: Individual** ___ **Partnership** ___ **Corp.** ___ **LLC** ___
- **Include License fee and Certificate of Liability insurance**
- **Retail Sales License (only) – requires:**
 - : **Copy of your Sales Tax License**
 - : **A (NO SALES TAX DUE) letter (573) 751-9268**
- **Mo Sales Tax ID#** _____ **Federal ID#** _____

