



REPUBLIC BUILDS

Public Works • Community Development

Temporary/Seasonal Business License Application

Please answer all questions completely.
Incomplete and unsigned applications will delay processing.

A 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			

B Ownership Type			
4. Ownership Type:			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Trust
All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office. Please provide a copy of your registration available from www.sos.mo.gov .			
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Limited Liability Partnership	<input type="checkbox"/> Limited Liability Company	
<input type="checkbox"/> Missouri Corporation	<input type="checkbox"/> Non-Missouri Corporation		

C Owner Information			
5. Owner Name (Enter Corporation, LLC or Partnership Name, if applicable).			
Address		E-mail Address	
City	State	Zip Code	County

D Mailing Address (Forms, Licenses and Notices will be mailed to this address)				
6. Address (street, rural route or PO Box)		City	State	Zip Code

REPUBLIC BUILDS DEPARTMENT
204 North Main
Republic, Missouri 65738-1472
Phone: (417) 732-3150 Fax: (417) 732-3199
licensing@republicmo.com

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E Officer, Partner or Member

7. 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)

F Retail Sales (Sales Tax Requirement)

8. 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 for the City of Republic.

Your Sales Tax ID Number issued by the State of Missouri is: _____

You must include a copy of your current Missouri No Tax Due Statement (issued within the last 3 months by the Missouri Department of Revenue www.dor.mo.gov). For information, contact Taxation Division at 573-751-9268.

G Zoning Requirements

9. Please contact the BUILDS Department to make sure your desired location meets the zoning requirements. Their phone number is (417) 732-3150.

10. 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

H Employees

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

Full Time (Including yourself) _____

Part-Time (Including yourself) _____

I Property Owner

12. Attach a letter/statement from the owner of the property specifically stating your business has authorization to sell on their property and the date/year (if applicable).

J Signature

Under penalties of perjury, I declare the above information and any attached supplements are true, complete and correct. I understand 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 permit or license, 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 violation is provided to the City, the business shall immediately advise the City of steps being taken to correct the violation. A failure to timely correct the violation may result in denial/revocation/suspension of the permit or license.

Signature of Applicant	Title	Date (MM/DD/YY)
Printed Name	E-Mail Address	

Mail to: Republic BUILDS Department Public Works & Community Development 204 North Main Street Republic, MO 65738	Phone: (417) 732-3150 Fax: (417) 732-3199 E-mail: licensing@republicmo.com
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