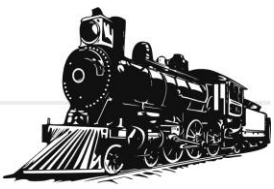


CITY OF TIPTON

Where the Stage Met the Rail

101 E Moniteau Street • PO Box 517
Tipton, MO 65081
660.433.2323 • Fax 660.433.2810



BUSINESS LICENSE APPLICATION

Date: _____

Business License Type: Store Front: _____ Contractor: _____ Solicitor/Peddler: _____

Business Name & Address (mailing & physical)**:** _____

_____

Owner's Name: _____

Owner's Address & Phone (if different from above)**:** _____

_____

Phone No: _____ **Email:** _____

Type of Business: _____

Entity Type: ( ) Corporation ( ) Partnership ( ) LLC ( ) Other: _____

Business Hours: _____

MO Dept. of Revenue Retail Sales Tax ID: _____

*A copy of your state retail license and no tax due statement from the MO Dept. of Revenue is required with this application.

**This is required only for those who collect and remit state sales tax. It may not apply to all applicants.

Applicant Name, Address & Phone (if different from Owner's information above) **:** _____

_____

Applicant Signature: _____