



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



** Please note: A license will not be issued until all requested information is provided.*

Application Date: _____ Type: ()New ()Renewal

Business Name & Address (Mailing & Physical): _____

Business Phone Number: _____ E-Mail _____

Type of Business: _____

(Contractors must provide proof of workers compensation insurance or fill out an affidavit of exemption before being licensed.)

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

Business Hours: _____

Federal Tax ID: _____

(Required if working for the City Of Tipton)

MO Dept of Revenue Retail Sales Tax ID: _____

(A copy of your state retail license must be submitted with this application as well as a no tax due statement from the MO Dept of Revenue.)

Owner's Name, Mailing Address & Phone Number: _____

Applicant's Signature: _____

Office Use Only: MO DOR Sales Tax ID#	_____
No Tax Due Statement	_____
Work Comp Insurance	_____
Emergency Contact Info	_____