



798 South Marshall, Marshfield, MO 65706
 p: (417) 859-2352 • f: (417) 468-5267
 www.marshfieldmo.gov

Office Use Only
\$25 fee paid Date: _____
Cash _____ Card _____
Check # _____
stamp

License Type (circle one): New or Renewal

Business Information:

Business Name: _____

DBA (if applicable): _____

Products/Services Offered: _____

Business Type (circle one): Sole Proprietor Partnership Corporation LLC

Website: _____

Social Media Pages: _____

Physical Address: _____

Mailing Address: _____

Business Phone: _____

Business Email: _____

Federal Tax ID: _____ Number of Employees or Workers: _____

Missouri Sales Tax ID: _____

*If your business collects Missouri Sales Tax, please provide a **Missouri No Tax Due Certificate**.*

Business Owner(s):

Name:			
Phone:			
Email:			
Address:			

Contact Person: _____

Building Owner: _____

Contact Phone: _____

Building Owner Phone: _____

NOTE: If any remodel work is planned; such as adding or moving walls, adding lighting or receptacles, adding or moving plumbing fixtures or specialized equipment such as commercial kitchen equipment, permits from Building Development Services will be required.

By signing my name on the line below, I certify that the information contained in this application is correct.

Signature: _____ **Date:** _____