



APPLICATION FOR TEMPORARY BUSINESS LICENSE

CITY OF COLUMBIA, MISSOURI

Duration not to exceed 14 consecutive days

Name of Business _____ Date of Application _____

Address of Business _____

Columbia address of Event or Stand _____

Open Date _____ **Close Date** _____ MO State Sales Tax Number _____

Event/Business Hours _____ Expected Attendance Per Day _____

Temporary Entertainment Event _____ Temporary Stand _____ Temporary Special Event _____

FEE DETERMINATION (CONFIDENTIAL)

Application Fee _____ Fee 30.00

Temporary Stand and Carnival / Entertainment Event (state gross receipts) _____ Fee _____

Temporary Special Event _____ (# of Vendors) x \$5.00 each _____ Fee _____

Food Inspection Fee (APPLIES TO VENDORS SELLING FOOD/DRINK) _____ Fee _____
(\$30.00 for 1-3 consecutive days/ \$60.00 for 4-14 consecutive days) PER VENDOR

Total Due _____

1. Applicant _____ Phone _____

Permanent Address _____

City _____ County _____ State _____ Zip _____

Email Address _____

Have you ever been convicted of a felony? _____ If yes, explain. _____

2. Type and/or nature of business or event (In Detail) _____

Check one: Sole Proprietorship _____ Partnership _____ LLC _____ Corporation _____

Other _____

Name, address and phone number of partners or officers _____

Attach copy of lease agreement
Or letter of permission.

SIGNATURE _____

Applicant must sign

FOR BUSINESS LICENSE OFFICE ONLY

Application Approved _____ Date _____

Denied _____

By _____