



**APPLICATION FOR BUSINESS LICENSE
CITY OF COLUMBIA, MISSOURI
LICENSE YEAR - JULY 1 thru JUNE 30
business.license@como.gov**

P.O. Box 6015, Columbia, MO 65205, 573-874-7378 or 573-874-7549

NAME OF BUSINESS _____ DATE OF APPLICATION _____

MISSOURI SALES TAX NUMBER _____ NUMBER OF EMPLOYEES _____

FEE DETERMINATION (CONFIDENTIAL)

License Fee (state gross receipts category) _____	FEE _____
Application Fee _____	FEE \$30.00
Background/Investigation Fee _____	FEE _____
Food Inspection Fee _____	FEE _____
	TOTAL _____

A. INFORMATION REGARDING BUSINESS _____ OPENING DATE in Columbia _____

1. Legal name of business _____

2. Principal location of business _____

Suite/Apt _____ City _____ State _____ Zip _____

Phone at this location _____ Cell Phone _____

Email address _____

3. Operating name (dba, fictitious name, name used in advertising) _____

4. Columbia location of business (if different from B.2. above) _____

_____ Suite _____ Phone _____

Approval of your application is subject to compliance with ZONING regulations If your business location is being remodeled, a building permit must be obtained from the Building & Site Development Division, 3rd floor, 701 East Broadway, 573-874-7474.

5. Mailing address (if different from B.2. above) _____

Suite/Apt _____ City _____ State _____ Zip _____

6. Type and nature of business (in detail) _____

7. Sole Proprietorship _____ Partnership _____ LLC _____ Corporation _____

8. Name, address and phone number of partners or officers (attach separate sheet if necessary) _____

Please check if this is a Trade Contractor business (plumbing, electrical, mechanical)

9. If your business is a **plumbing, electrical or mechanical contracting company**, the work performed must be under the general supervision of a licensed master plumber, electrician or mechanic (whichever master licensee is relevant).

Name of Master Plumber/Electrician/Mechanic _____

B. INFORMATION REGARDING APPLICANT

1. Applicant is Owner ___ Manager ___ Agent ___
2. Full name of Applicant _____
3. Home Address (street) _____ Apt _____
City _____ State _____ Zip _____ Phone _____
How long at above address? _____ If less than one year, list previous address

4. Date and place of birth ___/___/___ City _____ County _____ State _____

If you prefer not to answer #5 thru #9 below, please leave blank

5. Race: (Mark one or more) ___ American Indian ___ Asian ___ White
___ Black or African American ___ Native Hawaiian or Other Pacific Islander
6. Ethnicity: ___ Hispanic or Latino ___ Not Hispanic or Latino
7. Gender: ___ Male ___ Female
8. Do you consider yourself a person with a disability? ___ Yes ___ No
9. Veteran status: ___ Non-Veteran ___ Veteran ___ Service-Disabled Veteran
10. Ever convicted of a any violations of laws or ordinances of this or any other State or municipality (other than traffic violations)? _____ If yes, explain:
Offense, date, place, result _____
11. Are you in debt or obligated to this City? _____
12. Previously operated a business in this City? _____
Name and address of business _____

Signature _____
Applicant Must Sign

I hereby agree to operate the above business in accordance with all regulations and conditions imposed by the laws of the State of Missouri and the City of Columbia. I further declare under penalty of perjury that the information provided on this application is true and accurate.

FOR BUSINESS LICENSE OFFICE USE ONLY
Application Approved _____ Denied _____
Date _____ by _____
Conditions of issuance _____

BUILDING & SITE DEVELOPMENT DIV. USE ONLY
Approved _____ Denied _____
By _____
Comment _____