
**CITY OF FAIR GROVE
P.O. BOX 107
FAIR GROVE, MO 65648**

BUSINESS LICENSE

Name of Business: _____

Business Street Address: _____

Business Mailing Address: _____

Missouri Sales Tax # _____ **Business Phone #** _____

MO Statute 144.010 new local business license requirement. All business licenses issued; new or renewed must have Dept. of Revenue no tax due letter. The city will issue license if no tax due is verified. If city can not verify no tax due the business will be contacted to furnish city with no tax due letter before license will be issued.

Name of Owner : _____ **Phone #** _____

Owner Address : _____

Name of Manager : _____ **Phone #** _____

Emergency Contact Person: _____ **Phone #** _____

Detailed Description of Business Activity : _____

Building Owner : _____ **Phone #** _____

If the business is located in a residence, have you read and do you comply with the Home Occupation Regulations for the City of Fair Grove? _____ yes _____ no

Owner / Manager

Date

**PLEASE COMPLETE AND RETURN
PLEASE INCLUDE \$25.00 FOR THE BUSINESS LICENSE FEE.**

Office use only:

Amount Paid _____ **Check No** _____ **Date** _____ **License No** _____