



City of Sullivan
 210 West Washington Street
 Sullivan, MO 63080
 573-468-4612
license@sullivan.mo.us

08/12

BUSINESS LICENSE APPLICATION (01/09)
 License term is January 1 to December 31 of each year.
 Fee is not pro-rated.
 Check or money order MUST be attached to application.

FEE
\$25 Resident
\$35 Non-Resident

Section I: Business Information			(Please complete all sections below (PRINT).)			For Office Use Only					
<input type="checkbox"/> New Business		<input type="checkbox"/> Name Change/Location Change of Existing Business		Date:		Date App Received					
Business Name:						Police					
Business Address:						Approve <input type="checkbox"/>					
Street		City		State		Zip		Deny <input type="checkbox"/>			
Business Telephone (include area code):				Emergency After-Hours Number:				Building			
State License Number:		Missouri Retail Sales Tax Number:		Federal ID Number:				Approve <input type="checkbox"/>			
								Deny <input type="checkbox"/>			
Business Mailing Address (if different):						Zoning					
Business Website Address (optional):				Email:				Approve <input type="checkbox"/>			
								Deny <input type="checkbox"/>			
Section II. Business Ownership											
Ownership: <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Ltd. Partnership <input type="checkbox"/> Other _____						Collector					
Owners, Partners, LLC Members or Officers (for additional names, please attach sheet): EMERGENCY AFTER-HOURS CONTACT: Name: _____ Telephone Number: _____		Name:		Title:		Driver's License #:		Approve <input type="checkbox"/>			
								Deny <input type="checkbox"/>			
								SSN:			
										Date License Issued	
				City:		State:		Zip:		Telephone Number:	
				Name:		Title:		Driver's License #:		License Number	
								SSN:		Amount Paid	
								Check Number			
		City:		State:		Zip:		Telephone Number:			
								Date of Check			
Section III. Type of Business		Describe nature of business:									
Section IV. Business Premises Status											
Is this your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No If you do not own your business location, complete landlord/property manager information below.											
Landlord/Property Manager		Name:			Address:						
		City:		State:		Zip:		Telephone Number:			
		Do you rent a portion of the business Premises to another entity? <input type="checkbox"/> Yes <input type="checkbox"/> No									
I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of Sullivan. Incomplete forms may not be processed.											
Print Name		Signature			Title			Date			
Print Name		Signature			Title			Date			