



# City of Strafford Business License

New Application or  Renewal  
2022

Name of Business: \_\_\_\_\_ Year First Licensed: \_\_\_\_\_

Owner(s) Name(s): \_\_\_\_\_

Location Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Driver License #: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Is this Business required to remit Missouri sales tax? Yes \_\_\_ No \_\_\_

Missouri Sales Tax Number: \_\_\_\_\_

Zoning District: Residential \_\_\_ Commercial \_\_\_ Industrial \_\_\_

Type of Business: Manufacturing \_\_\_ Distribution \_\_\_ Retail \_\_\_ Rental \_\_\_ Service \_\_\_

Please Provide a Detailed Description of Business: \_\_\_\_\_

### Emergency Information

Emergency Contact: \_\_\_\_\_  
NAME

\_\_\_\_\_  
PHONE NUMBER

Does your Company have an Alarm System? (Y) (N)

Operating Days and Hours of Business: \_\_\_\_\_

*All information in this box is given to the Strafford Police Department in the event of an Emergency.*

Application and Business must be in conformity of the City of Strafford, Municipal Code and Missouri State Statutes. Failure to purchase license is punishable by law. All Business licenses must be prominently displayed and renewed January of each year.

### FOR OFFICE USE ONLY

AMOUNT PAID \_\_\_\_\_

DATE PAID \_\_\_\_\_

CASH/CHECK NO \_\_\_\_\_

APPLICATION RECEIVED BY \_\_\_\_\_

DATE APPROVED \_\_\_\_\_

APPROVED BY \_\_\_\_\_

**New Business Applications:** No fee is due unless application is approved. If approved, \$10 is due upon approval.

**Renewals:** \$10 fee must be submitted with application.

Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief it is true, correct, and complete.

\_\_\_\_\_  
Business Owner Signature

\_\_\_\_\_  
Date