



City of Strafford Business License Application

New Application or Renewal

2024

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 _____



*If Yes is checked, application must be accompanied by Certificate of No Tax Due obtainable from <https://mytax.mo.gov> or by calling (573) 751-9268

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.

New Business Applications: No fee is due unless application is approved. If approved, \$20 is due upon approval.

Renewals: \$20 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

FOR OFFICE USE ONLY

AMOUNT PAID _____

DATE PAID _____

CASH/CHECK NO _____

APPLICATION RECEIVED BY _____

DATE APPROVED _____

APPROVED BY _____