



## BUSINESS LICENSE APPLICATION

Email - [bgcityhall@bowlinggreen-mo.gov](mailto:bgcityhall@bowlinggreen-mo.gov)

Or can be mailed/dropped off at:

City Hall - 16 West Church St. Bowling Green, MO 63334

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In accordance with City ordinances, all businesses doing business within the City of Bowling Green shall be required to obtain a business license before conducting business. Business licenses are dated July 1 – June 30. Renewal applications must be filed by June 15<sup>th</sup>. Business Licenses must be displayed at your business.

The following items are to be acquired by the applicant prior to the issuance of business license.

1. Certifications that all taxes and debts (including utility charges) owed to the City are paid.
2. A “NO TAX DUE” form must be obtained from the Department of Revenue. If you need assistance, contact the Department of Revenue at (573) 751-9268. **If your business does not collect sales tax, it is not required to present a statement of no tax due.**
3. License fee of \$25 made payable to “City of Bowling Green.” The City accepts cash, check, and credit card there is **no guarantee of issuance with payment**. Gas stations are responsible for two license fees, one for the sale of fuel and one for retail sales of a convenience store.
4. If you are a **contractor in the construction industry**, you must supply the City with either a Certificate of Insurance for Workers’ Compensation coverage **OR** an affidavit from the Division of Workers’ Compensation signed by the applicant attesting that the contractor is exempt according to RSMO 287.061. You may obtain this form on the State website at [WC-134-AI | Missouri labor \(mo.gov\)](http://WC-134-AI | Missouri labor (mo.gov)).
5. Massage therapists shall provide the City a copy of their State License as required by RSMO 324.247 with the Business License Application each year.
6. Additional licenses are required for the Sale of Liquor, contact our office directly for additional information.
7. Pike County Health Department implements fees for food services, contact them at 573-324-2111 for appropriate food permits and inspections.

**APPLICATION FOR BUSINESS LICENSE**

\_\_\_ NEW \_\_\_ RENEWAL

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

Mailing (if different from above): \_\_\_\_\_

Telephone number: \_\_\_\_\_ Email: \_\_\_\_\_

Missouri Tax ID#: \_\_\_\_\_ FEIN: \_\_\_\_\_

Cigarette Sales: Yes \_\_\_ No \_\_\_ **If yes, please provide a list of your distributors:**

\_\_\_\_\_

Type of Business: (Please check the category that best describes your business)

- |                   |                                     |                                   |
|-------------------|-------------------------------------|-----------------------------------|
| ___ Manufacturing | ___ Agriculture/Forestry/Fishing    | ___ Arts/Entertainment/Recreation |
| ___ Retail        | ___ Transportation/Public Utilities | ___ Food Services                 |
| ___ Contractor    | ___ Wholesale                       | ___ Storage Units                 |
| ___ Service       | ___ Fuel Sales                      | ___ Other (Explain) _____         |

\_\_\_\_\_

Contractors: If you have been hired for a job in the city but do not expect to return to Bowling Green following the completion of this job, please list the estimated date of job completion: \_\_\_\_\_

Person making application is: Owner \_\_\_ Manager \_\_\_ Agent \_\_\_

Full name of applicant (Please print): \_\_\_\_\_

Is applicant a U.S. citizen? Yes \_\_\_ No \_\_\_ If not, attach documentation of lawful presence in the U.S.

Type of Ownership:

- \_\_\_ Individual \_\_\_ Partnership \_\_\_ Corporation \_\_\_ LLC

List the names & addresses of all owners (attach additional pages if needed).

\_\_\_\_\_

\_\_\_\_\_

Have you ever had a bond, business license or any other license or permit suspended or revoked in either this, or any other state? Yes \_\_\_ No \_\_\_

If yes, please explain \_\_\_\_\_

\_\_\_\_\_

Has the applicant of business ever been convicted of a felony or misdemeanor (other than traffic violations)? Yes \_\_\_ No \_\_\_ If so, state the dates, charges, and jurisdiction for each conviction: \_\_\_\_\_

\_\_\_\_\_

I, the undersigned, confirm I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible, and reasonable manner without misrepresentation, fraud, willful misconduct, or false statement. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified. (If corporation, President and Secretary must sign and affix the corporate seal)

(Corporate Seal)

Attest:

\_\_\_\_\_

\_\_\_\_\_

Signature of Applicant

Date