

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

**BUSINESS LICENSE APPLICATION**

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 # \_\_\_\_\_

Name of Manager : \_\_\_\_\_ Phone # \_\_\_\_\_

Building Owner : \_\_\_\_\_ Phone # \_\_\_\_\_

Detailed Description of Business Activity : \_\_\_\_\_

**RSMo 287.061 Construction Contractor's are required to show proof of workers' compensation coverage.**

This is to affirm that \_\_\_\_\_ located at above address  
(name of business)  
does not currently, nor will it in the future employ non-documented persons.

I understand that to do so would be a violation of both Federal Law and the laws of  
the State of Missouri.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Title E-mail address

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

Office use only:  
Amount Paid \_\_\_\_\_ Check No \_\_\_\_\_ Date \_\_\_\_\_ License No \_\_\_\_\_