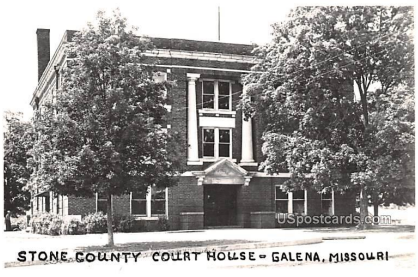
Stone County Collector - Anna Burk

Collector of Revenue
PO Box 256
Galena, MO 65656
Phone (417) 357-6124



MERCHANTS LICENSE APPLICATION

Merchant License for 12 months: $25.00

State Sales Tax Number: _____ Date: _____

Submit a Hard Copy from State*

Business Name & Mailing Address

_____

_____

_____

Owners Name & Mailing Address

_____

_____

_____

All business personal property taxes must be paid upon issuance of Merchants License.

****No license will be issued without proof of a valid State Sales Tax Number or an Exempt Letter from State****

Missouri Revised Statutes 150.100 states the following:

"No person, corporation, co-partnership or association of persons shall deal as a merchant without a license first obtained according to law; and every applicant for a license shall affirmatively state in a written application whether goods, wares and merchandise are to be sold by applicant at wholesale, at retail, or at both wholesale and retail. Every person or corporation so offending shall upon conviction thereof be deemed guilty of a misdemeanor."

1. Location of Business: _____
2. Business Phone Number: _____
3. Email Address: _____
4. Nature of Business: _____
5. Parcel ID Number: _____
6. Planning & Zoning Approval Stamp:

(New business applications are Required to go to the Stone County Planning & Zoning Department to receives approval stamp and/ or Special Use Permit Number)

I hereby certify that all requirements of RSMo Section 287 concerning Workman's Compensation Insurance have been complied with:

Applicant's Signature: _____

Applicant's Printed Name: _____

Do you employ five or more people? Yes or No

FOR OFFICE USE ONLY

Date Mailed _____ **Payment Received:**

License # _____ **Check or Cash** _____