

Dear Osage Beach Business Owner:

An application for your City of Osage Beach Business/Merchant License is attached. Please complete the following steps when applying for a 'new' license or 'renewing' your current license.

- Complete or edit your application, making any necessary changes.
- Make sure your alternate contact information is complete, (name and phone). In case of an emergency the police department may need to contact this individual.
- If this is a NEW license, please include a copy of your State of Missouri Retail Sales Tax License (Only required if you collect retail sales tax.) This document should also reflect that your business is registered within the city limits of Osage Beach. (RENEWAL licenses are not required to provide this information.)
- Include a 'No Tax Due Certificate' from the Missouri Department of Revenue. You may contact the department by calling 573-751-9268. (Only required if you collect retail sales tax)
- Include your \$50.00 payment. Checks may be made payable to the City of Osage Beach.
- Mail your completed application, retail sales tax license, no tax due certificate, and payment to:

City of Osage Beach Attn: City Clerk 1000 City Parkway Osage Beach, MO 65065

Incomplete applications will be returned so please answer all questions. If a question is not applicable, please indicate n/a. If you need assistance in completing the application, please call the City Clerk's office at 573/302-2000, ext. 1020 and we will be happy to assist you.

Sincerely,

Tara Berreth, City Clerk

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CITY OF OSAGE BEACH BUSINESS/MERCHANT LICENSE APPLICATION

Business Name			I				
Please Indicate Owne	ership Status:	[] Individual	[] Partner	ship [[] Corporation	[]LLC	
Business Street Addr	ess/Location						
Business Mailing Ad	dress		City	S	State	Zip	
E-Mail:			Website:				
Owner Name				Owner Phone #			
Owner Mailing Addr	ess		City	State	2	Zip	
Name of Manager/Emergency Contact Person			Emergency Phone #				
Type of Business: [] Entertainment [] Financial Services [] Food Sales / Service [] Gas / Convenience				[] Healthcare [] Retail [] Massage [] Service [] Real Estate[] Solicitor			
Please Describe Busi	ness in Detail						
May the City of Osag	ge Beach make	available to the p	ublic any/all inforn	nation provided	on this applicati	on? [] Yes	
Missouri Retail Sales Tax Identification #			Federal Tax Identification #				
Applicant Signature				Date			

**** All Business Licenses Expire on April 30 ****



There is a fee of \$50.00 for this license. Any license that remains unpaid thirty days after it becomes due and payable shall be subject to a penalty of 5% of the amount due on the license with an additional 5% for each additional month or fraction thereof, not to exceed 25% in the aggregate.

*The issuance of a 'License' shall not be construed as a waiver of any further requirements under the Ordinances of the City of Osage Beach. *

City of Osage Beach Attn: City Clerk's Office 1000 City Parkway Osage Beach, MO 65065

Phone: 573/302-2000 / Fax: 573/302-2039

www.osagebeach-mo.gov



POLICE/FIRE DEPARTMENT CONTACT INFORMATION

BUSINESS NAME:			
ADDRESS:			
PHONE NUMBER:			
OWNER NAME:			
OWNER HOME PHONE NUMBER:	CELL:		
MANAGER NAME:			
MANAGER HOMEPHONE NUMBER:	CELL:		
OTHER KEYHOLDER NAME:			
OTHER KEYHOLDER HOME PHONE NUMBER:	CEI	LL:	
ALARM COMPANY NAME:			
ALARM COMPANY PHONE NUMBER:			
TYPE OF ALARM: (CIRCLE ALL THAT APPLY)	BURGLARY	FIRE	PANIC
ANY OTHER INFORMATION THAT DEPARTMENT site, ammunitions, etc.			
site, animumuons, etc.			
PLEASE CONTACT COMMUNICATIONS OFFICE A	<u>TTHE POLICE D</u>	<u>EPARTME</u>]	<u>NT AND ADVISE OF</u>

RETURN TO: 911 CENTER 1000 CITY PARKWAY OSAGE BEACH, MO 65065

ANY CHANGE IN INFORMATION. 573-302-2010. THANK YOU.