



City of Webb City * PO Box 30 * 200 S. Main Street * Webb City, MO 64870

Office of Administration 417-673-4651 / Fax 417-673-8228

Application for Miscellaneous Commercial Services

DO NOT FILL IN BOXED AREA

Type of Business _____

Zoning _____ Customary Home Inspection _____

Use Upon Review Required: (YES) _____ (NO) _____ Sign Permit _____

Special Use Permit or Zoning Required: (YES) _____ (NO) _____ Occupancy Permit _____

PASSED AND APPROVED BY: _____ DATE _____

MUST BE APPROVED BEFORE LICENSE CAN BE ISSUED

Business Name: _____

Business Address: _____
(Street Address) (Suite Number)

(City) (State) (Zip)

Mailing Address (If different from above): _____
(Street Address) (Suite Number)

(City) (State) (Zip)

Phone Number: _____ Cell Number: _____ Fax Number: _____

Owner's Name: _____

Managers Name: _____

Missouri Sales Tax Number (If required): _____ No Tax Due Letter Attached: _____

Type of Business: _____

License Fee: _____

Signature

Date

All businesses possessing a sales tax license issued by the Missouri Department of Revenue must present a **Statement of No Tax Due** with the renewal form to receive a City of Webb City Business license, pursuant to a Department of Revenue policy effective in 2009. In most cases, this clearance can be obtained by the business through the department web site. If a Statement of No Tax Due cannot be issued through the online system, the business owner must then contact the Department of Revenue.

Missouri Department of Revenue
Taxation Division
P.O. Box 3666
Jefferson City, MO 65105-3666
Telephone: (573) 751-9268
Fax: (573) 522-1265
Website: <https://dors.mo.gov/tax/notaxdue/taxpayer.jsp>
Email: taxclearance@dor.mo.gov

Therefore, a statement from the Department of Revenue stating that your business owes no tax will be required before a city license can be issued or renewed.

OFFICIAL OFFICE USE ONLY

_____ Application
_____ Payment – Based on type of Service
_____ \$25.00 Occupancy Permit (If required)
_____ Zoning / Special Use Permit (if needed)
_____ Missouri Sales Tax Number (If needed)
_____ No Tax Due Letter
_____ License Issued # _____



City of Webb City ♦ PO Box 30 ♦ 112 W. Broadway ♦ Webb City, Missouri 64870

Office of Community Development ♦ 417-673-1154 ♦ Fax – 417-673-2856 ♦
ebraker@webbcity.org

Dear Webb City Business Owner,

Thank you so much for your continued dedication to our community by choosing Webb City as the location for your business. In an effort to improve our business retention program, we are asking for a little more detailed contact information from our business license holders.

By providing us with your most current contact information, we are able to provide many different benefits to our Webb City companies. Other than being able to contact you in the most efficient ways possible, we will now be able to share important information, events and updates about your business on our social media outlets. (All social media outlets will also be linked to our new website that is scheduled to be revealed in late November).

In addition to making sure that all of your basic business license information is correct, we ask that you please provide us with the additional information requested below:

Main contact email address: _____

Company website address: _____

Company Facebook address: _____

Any other social media presence (circle all that apply):

Instagram Snapchat Twitter

Thank you very much for your assistance in this matter. Your company is just another reason why “We Love it Here” in Webb City, Missouri.

Sincerely,

Erin B. Turner
Office of Community Development