



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

Merchant Retail / Transient Vendor License

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: _____

Owners Name: _____

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

(City) (State) (Zip)

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

Vendor Lease Address: _____ (Street Address) _____ (Suite Number)

(City) (State) (Zip)

Missouri Sales Tax Number: _____

Signature

Date

TO ALL MERCHANT RETAILERS:

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.

Your annual City License fee is based on the following schedule:

First Business Year	\$25.00
Annual Gross Sales up to 25,000	\$25.00
Annual Gross Sales up to 26,000 to 50,000	\$50.00
Annual Gross Sales up to 51,000 to 100,000	\$75.00
Annual Gross Sales up to 101,000 to 250,000	\$150.00
Annual Gross Sales up to 251,000 to 500,000	\$250.00
Annual Gross Sales up to 501,000 to 999,999	\$300.00
Annual Gross Sales over 1MM @ \$10 per 100K	

OFFICIAL OFFICE USE ONLY

_____ Application
_____ Lease Agreement from Property Owner
_____ Zoning required / Special Use Permit (If needed)
_____ Missouri Sales Tax Number
_____ No Tax Due Letter
_____ County Health Inspection (If required)
_____ Occupancy Inspection
_____ Payment - (Initial Merchant Retail - \$25.00 / Occupancy Permit -\$25.00)
_____ Retail Merchant License # _____

Webb City Police Department
211 W. Broadway Street – Webb City, MO 64870
Phone (417) 673-1911 / Fax (417) 673-5140
Don Melton – Chief of Police

EMERGENCY LISTING

The Webb City Police Department maintains a listing of each business within the city limits for the purpose of contacting someone in the event that an emergency occurs. In order that the information may be current, you are requested to fill in the information listed below and return with your City License application or renewal notice.

Exact Business Name: _____

Type of Business: _____

Business Address: _____

Business Phone Number: _____ **Alternate Number:** _____

Do you have an Alarm System _____ (Yes) _____ (No)

If yes, please check one of the following:

- _____ **Alarm connected to the Police Department**
- _____ **Phone Alarm connected to a monitoring service**
- _____ **Audio Alarm only**
- _____ **Automatic Dialer to the Police Department**
- _____ **Other** _____

Emergency contact numbers: In the event that an emergency occurs, please list in order the individuals to be contacted.

1. **Name:** _____
Street Address: _____
City: _____
Phone Number: _____ **Alternate Number** _____

2. **Name:** _____
Street Address: _____
City: _____
Phone Number: _____ **Alternate Number** _____

3. **Name:** _____
Street Address: _____
City: _____
Phone Number: _____ **Alternate Number** _____

If you have any questions in regards to this information, please feel free to contact our Communications Officer at (417) 673-1911.

The above information provided by: _____

Position Held: _____ **Date:** _____



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 ♦
eturner@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

Webb City Area Chamber of Commerce

112 W Broadway
P.O. Box 287, Webb City, MO 64870
Telephone: 417-673-1154 Fax: 417-673-2856
John Patterson, President
Gwen Allen, Director of Membership
LeeAnn Crider, Administrative Assistant
www.webbcitychamber.com

2020 Membership Application

Membership effective through the calendar year –December 31, 2020

Date Application Completed _____

Who referred you to the Chamber? _____

Business Name _____

Published Address _____

Mailing Address _____

Contact Person _____ Telephone _____

E-mail _____ Fax _____

Website _____

Business Category _____

Investment Category & # of Employees _____

What do you hope to get out of your Chamber investment? _____

Are you interested in serving as a volunteer on a Chamber committee? Yes No

Main Reason for joining the Chamber:

Networking Advertising & Marketing Web Presence

I am interested in having a ribbon cutting

Employee contacts e-mails for announcements:

Name _____ E-mail _____

Name _____ E-mail _____

Name _____ E-mail _____



Our mission is to expand, retain and advocate for our economic base, support our educational programs and promote the quality of life in our community.

Webb City Area Chamber of Commerce

2020 Membership Investment Schedule

Investments are for a calendar year and may be paid annually, semi-annually or quarterly.

Individuals *	\$55
Non-Profit & Public Institutions	\$150
Churches	\$150
REALTORS	\$150
Professionals	\$275
Utilities, Health Centers & Financial Institutions	\$550
Retail, Real Estate Agencies, & Manufacturing:	
Less than 10 employees	\$150
11 to 25 employees	\$275
26 to 50 employees	\$425
More than 50 employees	\$550

*Individuals are those not currently affiliated with any business.



*Our mission is to expand, retain and advocate for our economic base,
support our educational programs and promote the quality of life in our community.
www.webbcitychamber.com*