



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

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)

Business Owner: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Number: \_\_\_\_\_ Email \_\_\_\_\_

Missouri Sales Tax Number: \_\_\_\_\_ No Tax Due Letter Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
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](mailto: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  
\_\_\_\_\_ Zoning  
\_\_\_\_\_ Missouri Sales Tax Number  
\_\_\_\_\_ No Tax Due Letter  
\_\_\_\_\_ County Health Inspection (Food Service)  
\_\_\_\_\_ Occupancy Inspection  
\_\_\_\_\_ Payment - (Initial Merchant Retail - \$25.00 / Occupancy Permit - \$25.00)  
\_\_\_\_\_ Retail Merchant License # \_\_\_\_\_



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211 West Broadway Webb City, Missouri 64870  
**Phone:** (417) 673-1911 ~ **Fax:** (417) 673-5140 ~ **E-Mail:** [info@webbcitypd.org](mailto:info@webbcitypd.org)  
Donald E. Melton ~ Chief of Police

## EMERGENCY LISTING

The Webb City Police Department maintains a listing of each business in 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 it with your fees for a City Business License.

**Exact Business Name:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Phone Number:** \_\_\_\_\_ **Second Number:** \_\_\_\_\_

**Do you have an Alarm?**  Yes  No (If so, 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

Emergency contact numbers: (In the event that an emergency occurs at your location, list in order the individuals you want to be contacted first.)

1. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_
  
2. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_
  
3. **Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_

*If you should have any questions in regard to this information, please feel free to contact our communications officer at (417) 673-1911, Thank you!*

**The above information provided by:** \_\_\_\_\_

**Position Held:** \_\_\_\_\_ **Date:** \_\_\_\_\_