



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 / 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: _____

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
_____ Lease Agreement from Property Owner
_____ Surety Bond (\$1000.00 to City of Webb City)
_____ Payment – Based on type of Service
_____ Zoning / Special Use Permit (If needed)
_____ \$25.00 Occupancy Inspection (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

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.



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support our educational programs and promote the quality of life in our community.
www.webbcitychamber.com*