

# CITY OF CONCORDIA

HEARTS IN HARMONY SINCE 1860



618 South Main Street, P.O. Box 847  
Concordia, MO 64020-0847

Telephone 660-463-2228  
FAX 660-463-7574

## APPLICATION FOR BUSINESS LICENSE

Business Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street/PO Box City State Zip

Phone Number: \_\_\_\_\_

Description of Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Sales Tax # \_\_\_\_\_

Will sales tax be remitted in the business name listed above or under a different name  
(corporate or partnership name): \_\_\_\_\_ Same or Other: \_\_\_\_\_

Ask for assistance from the City Clerk if you have not already applied with the Dept. of Revenue for a sales tax number.

Your Name: \_\_\_\_\_ Home Phone # \_\_\_\_\_

Home address: \_\_\_\_\_  
Street/PO Box City Zip

Soc. Sec. or Dr. Lic. # \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(You may be asked to show a picture ID)

Owner's Name, if different from above: \_\_\_\_\_

Additional Owner information: \_\_\_\_\_  
(Phone #) Address

Signed Statement: I AFFIRM THE FACTS SHOWN HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

\_\_\_\_\_  
Signature Date

ATTACHED IS THE ORDINANCE REGULATING BUSINESS ACTIVITIES. YOU ARE ENCOURAGED TO STUDY ITS CONTENTS.

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(This section to be completed by City Administrator)

Decision: \_\_\_\_\_ Decision Date: \_\_\_\_\_ Decision By: \_\_\_\_\_

Receipt No: (\$35.00 fee) \_\_\_\_\_

Water Department  
4517 Hwy. 23 South  
Telephone 660-463-2286

Wastewater Department  
607 South Main Street  
Telephone 660-463-3286

Police Department  
618 South Main Street  
Telephone 660-463-2140

Street Maintenance Department  
104 SW 3rd Street  
Telephone 660-463-7266

Parks & Recreation  
802 South Gordon Street  
Telephone 660-463-4277