

**CITY OF SPRINGFIELD, MISSOURI**  
**TEMPORARY BUSINESS/OCCUPATIONAL LICENSE APPLICATION**



This application is for new, temporary businesses only.  
You may submit the application online or mail it to:  
City of Springfield, License Division, PO Box 8368, Springfield MO 65801-8368  
Contact us: 417-864-1617

**A. BUSINESS INFORMATION**

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

Mailing Address: \_\_\_\_\_

Where will your business activity occur in Springfield? \_\_\_\_\_

Where will you be staying while in Springfield? \_\_\_\_\_

What period of time will you be operating in Springfield? \_\_\_\_\_

What type of business activity will you be engaging in while in Springfield? List types of good or services to be offered.

**B. OWNERSHIP TYPE (Check the appropriate box):**  1.Sole Proprietor  2.Partnership  3.Limited Partnership  4.Limited Liability Company

5.Corporation: \_\_\_\_\_  
Corporation/LLC Name Corporation/LLC Address Corporation/LLC Phone

**C. OWNERSHIP INFORMATION:** If ownership is sole proprietor, complete line 1 including home address and home phone. If a partnership or a limited partnership, list all partners, their home addresses and home phones. If a corporation or limited liability company, list principal officers or members, their home addresses, home phones, and driver's license numbers. Attach an additional page if needed.

1.	Name & Title	Home Address	Home Phone
2.	Name & Title	Home Address	Home Phone
3.	Name & Title	Home Address	Home Phone

**D. MISSOURI RETAIL SALES TAX NUMBER:** You must provide a copy of your Missouri Retail Sales Tax License Coded for Springfield or a copy of an exemption letter stating that a sales tax license is not required. You should contact the Missouri Department of Revenue at (573) 751-3505 concerning obtaining a sales tax license or exemption letter. If you currently have a Missouri retail sales tax license, please enter the number in the space provided. \_\_\_\_\_

**E. WORKERS COMPENSATION INSURANCE:** Proof of workers compensation insurance is required before a license can be issued if your business activity will involve building, demolishing, altering or repairing property in Springfield.

**ATTENTION:** By entering my name on the line below, I certify that the information contained in this application is correct. I understand that a license category will be assigned to be after the application is reviewed. I also understand that I will be contacted regarding the license fee and may be asked to provide additional information related to the nature of the business or the calculation of the license fee.

Enter name here: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY BELOW THIS LINE:** \_\_\_\_\_

**Licensing Personnel: Please include fee calculations in the space provided.**

\_\_\_\_\_  
Licensing Personnel Date: \_\_\_\_\_ Fee Paid: \_\_\_\_\_