

After completing the application, save a copy to your computer, then click **UPLOAD** to access the upload link.

CITY OF SPRINGFIELD, MISSOURI BUSINESS/OCCUPATIONAL LICENSE APPLICATION



Application is for new businesses only. If you need to renew a license, please contact the License Division.
Send completed applications to:
City of Springfield, License Division, PO Box 8368, Springfield MO 65801-8368
Contact us: 417-864-1617

A. BUSINESS INFORMATION

Business Name: _____
Mailing Address: _____
Local Business Phone: _____
Business Address: _____
Category: _____ (OFFICE USE ONLY)

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 adders 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.

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

D. MISSOURI RETAIL SALES TAX NUMBER: _____ Please scan and attach a copy

E. BUSINESS DESCRIPTION: Please provide a detailed description of the proposed business activity, including information about services and/or products offered.

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 calculation of the license fee.

Enter name here: _____ Date: _____

OFFICE USE ONLY BELOW THIS LINE: _____
Licensing Personnel: Please attach fee calculation worksheet to this application

Licensing Personnel Date: _____ Fee Paid: _____



CITY OF SPRINGFIELD, MISSOURI
ZONING APPROVAL
QUESTIONNAIRE

BUS LIC/Permit #: _____ Date: _____ LIC Personnel: _____
Business Name: _____ Business Type: _____
Business Address: _____
Mailing Address: _____
Business Phone: _____ E-Mail: _____
Is this business operating at this location now? [] Yes [] No If yes, what date did it start? _____
Type of license requested: _____ Last type of use at this location: _____
Proposed use at this location (be specific as to type of services rendered, product sold, delivered, made): _____

PLEASE ANSWER THE FOLLOWING (if the address you will be using is your residence or if you are registering rental property, skip this section)

Table with 3 columns: Activity, Yes, No. Activities include Retail Sales, Wholesale sales, Mail order only, Product made/manufactured, Office use only, Vehicle salvaging, Heavy equipment on site, Adult materials/books/videos, Adult entertainment, Storage on site, Indoor storage only, Outdoor storage, Recycling activity, Massage, Tanning/Spray Tanning.

The approval below is valid if, and only as long as, the items checked in the checklist above are accurate. The approval is not a business license or a building permit. The applicant must acquire any business license or building permit the applicant desires as a separate matter.

NOTE: If any remodel work is planned; such as adding or moving walls, adding lighting or receptacles, adding or moving plumbing fixtures or specialized equipment such as commercial kitchen equipment, permits from Building Development Services will be require.

Signature of Applicant: _____ Date: _____

APPLICANT FILL OUT TO THIS POINT AND RETURN FORM TO: License Division of Finance Department (Busch Municipal Building) 840 Boonville; Springfield, MO 65802

Planning and Development

- 1. Proposed location is zoned: _____
2. For all other zones the use is (including legal non-conforming)
[] Approved [] Denied

Planning Personnel: _____ Date: _____

Building Development Services

- 1. [] Approved [] Denied
2. Plans, Construction Permits, New Certificate of Occupancy may be required. Please contact the project facilitator for additional information at 417-864-1079 or iusukumah@springfieldmo.gov

BDS Personnel: _____ Date: _____

Comments: _____