

City of Rogersville
417-753-2884
New Business License Information

The attached application will need to be completed, and returned with the appropriate fee. (\$50 for annual license, July-June) (\$25 for partial year license, January-June)

You will need to complete the Missouri Department of Revenue, Request for Tax Clearance (Form 943) to obtain a "Certificate of No Tax Due" from the Missouri Department of Revenue. This is required by State Statute.

Also, before a license can be issued we require a copy of the Fire Inspection for your location. You will need to contact the Logan Rogersville Fire Protection District at 417-753-4265 to schedule your inspection.

To ensure your business location is zoned properly for your type of business, please check the Rogersville Municipal Code at ROGERSVILLEMO.ORG.
(Sections: 405.090-405.330)

If you will be making any structural, electrical or plumbing changes, contact the City of Rogersville Building Inspector at 417-988-9445 for building permit information.

If any changes or additions to signage will be made, a permit is required from the Building Department. 417-988-9445
The sign permit fee is \$50.00.

After all the necessary information has been submitted to City Hall, the license will then be printed and signed by the Mayor and City Clerk. Upon completion the license will be sent to the mailing address on file.

If you have questions or require additional information, please contact Rogersville City Hall at 417-753-2884.

**CITY OF ROGERSVILLE
Business License Application**

Please return application and license fee to: P. O. Box 19, Rogersville, MO 65742

BUSINESS PROFILE:

Business Name: _____
Physical Address: _____
Business Phone: _____ MO Tax ID Number: _____
Type of Business: _____
Emergency Contact Person: _____ Phone: _____
E-mail Address: _____

MAILING ADDRESS:

Mailing Name: _____
Mailing Address: _____

BUSINESS OWNER PROFILE:

Business Owner Name: _____
Business Owner Address: _____
Business Owner Phone: _____

PROPERTY OWNER PROFILE:

Property Owner Name: _____
Property Owner Address: _____
Property Owner Phone: _____

COPIES OF RETAIL LICENSE AND STATEMENT OF NO TAX DUE REQUIRED.

Please indicate if future applications and/or licenses should be mailed to other than the Business Address.

Mailing Address: ___ Business Owner Address: ___ Property Owner Address: ___

Office Use Only:

Payment Date: ___ / ___ / ___ Amount Paid: \$ _____

Business License Number: _____

Comments: _____