



Business License Application

New Business New Owner New Location
 Today's Date: _____ Date business will open: _____
 Business Incorporated: yes no Type of Business: _____
 Name of Business: _____ Business Phone: _____
 Location of Business in Sikeston: _____
 Previous Address: _____
 Fax Number: _____ Email address: _____
 Owner of Business: _____ Home Phone: _____
 Home Address: _____
 State Sales Tax # _____ How many employees: _____
 Owner of Building: _____ Phone Number: _____
 Address: _____

Normal inspection procedure may take a minimum of seven (7) working days.

OFFICIAL USE ONLY

Account ID _____ **Customer ID** _____
Date Inspection Fee Paid _____ **Initials** _____

Business Taxes:

Business Personal Taxes Paid: _____ **Business Real Estate Taxes Paid:** _____
Personal Property Taxes Paid: _____ **Personal Real Estate Taxes Paid:** _____

Location Taxes:

Real Estate Taxes Paid: _____

_____ **City Collector** **Approved: Yes** _____ **No** _____

_____ **Date of License** **License #:** _____

