



City of Neosho
 203 E. Main
 Neosho, MO 64850
 417-451-8050
 417-451-8065(fax)

Date Application Rec'd _____

OFFICE USE ONLY	Check # _____
	Cash \$ _____
License # _____	Credit Card _____

Application for Business License—**2020 FIREWORKS SALES**

OFFICE USE ONLY	
Fire Inspector Approval (REQUIRED) _____	Date _____
City Finance Department Clearance _____	Date _____

Full Legal Name of Applicant (Individual or Company) _____

List all other names used by the Applicant or DBA _____

Firework Stand Location _____

Business Address _____ City, State, Zip _____

Mailing Address _____ City, State, Zip _____

Name of Owner(s) of Company _____ Social Security Number _____

Address of Owner(s) of Company _____

Business is: Sole Proprietorship Partnership Corporation Limited Liability Co Other (describe): _____

Is this business inside the Neosho City limits? Yes No Check here if federally tax-exempt, charitable organization.

Check here if Missouri Sales Tax-exempt & attach copy of exemption letter.

Company Federal ID # _____ Company Missouri Tax ID # (MITS) _____

Business Phone _____ Home/Cell Phone _____

Fax _____ E-Mail _____

What is the amount of your GROSS SALES/REVENUE per year (check one)?

- \$0.00 to \$50,000 gross sales \$10.00 fee
- \$50,001 to \$100,000 gross sales \$15.00 fee
- \$100,001 to \$500,000 gross sales \$20.00 fee
- Over \$500,000 gross sales \$25.00 fee

License Fee Due \$ _____

By signing below, I certify that all the information contained in this Application and supplied in support hereof is true, complete and accurate. I further certify that I am and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States. **I further certify that all taxes and fees now due and payable by the Company to the City are paid. I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO ABIDE BY ALL BUILDING AND FIRE SAFETY CODES ADOPTED BY THE CITY AND THE FIREWORKS CODE ADOPTED BY THE CITY.**

X - Authorized Signature: _____ Date: _____

Printed Name _____ Title _____

 License Clerk Date _____