

**City of Butler, Missouri**

22 W Ohio Street—PO Box 420

Butler, MO 64730

P 660-679-4182 F 660-679-6658

General Business License Application

(please type or print)

Reminder—A business may **NOT** operate until a business license is approved. Please allow 3-5 days for processing.**Business Information**

Business Name _____ DBA Name (if different) _____

Full Street Address (No PO Boxes) _____ Number of Employees _____
City/St/Zip _____ (not counting owners)Full Mailing Address (if different) _____ Business Phone Number _____
City/St/Zip _____Email _____ Description of Type of Business _____
(Please be specific) Yes No

Are you requesting a liquor license? If yes, please see Liquor License Requirements document

 Yes NoDoes this business do retail within the City limits of Butler? If yes, attach a Certificate of No Tax Due from MoDOR dated within the past 90 days showing the City of Butler. **Retail Sales Tax #** _____ Yes No

Is this business a nonprofit? If yes, for New Application Only, attach IRS form showing status. Nonprofits are exempt from license fee.

 Yes No

Is this business producing or distributing food? If yes, for New Application Only, attach a health permit or exemption letter.

Ownership Information Sole Proprietor (complete section A) General Partnership (complete section B) Corporation or LLC (complete section C) Other _____**Section A—Sole Proprietor*****A single-member LLC should fill out section C***Owner's Name _____ Home Address _____
(if different than above)

Cell phone _____ Email _____ EIN# or SS# _____

 Yes No

Is the owner a U.S. citizen? If no, please provide employment authorization document _____

New Application Only, attach the owner's valid U.S. driver license or U.S. passport.If the owner lives inside Butler city limits, attach the previous year's personal property tax receipt OR a letter of non-assessment from Bates County.

Office Use Only	Approved by _____	Date _____	Business License # _____
_____	Zoning Compliance	Certificate of Occupancy	Certificate of Insurance
_____	Master License or Passed Test	Previous Year Property Tax	License Fee

Additional Information for ALL BUSINESSES

Yes No

 Yes No

Do you or your corporate business entity run a business in another location? If yes, please provide location information.

Yes No

 Yes No

Have you or your corporate business entity ever had a business license revoked, suspended or denied? If yes, please explain.

Yes No

 Yes No

Are you or any of your corporate business entity officers currently under investigation or have outstanding warrants? If yes, please explain.

By signing my name below, I hereby certify that I am a legal U.S. citizen or I am legally authorized to work in the U.S. I certify the business described in this application does not employ illegal aliens. I certify the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Butler. I hereby state the information contained herein is true, correct, and complete to the best of my knowledge. I authorize the city, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application. I also acknowledge that this is only an application and is not approval for me to operate a business within the City of Butler, Missouri.

Please note: this application must be fully completed & legible before it will be processed.

Signature of Owner or Agent

Printed Name

Position

Date

There are a number of business that may have additional requirements not listed on this form. See Butler Code of Ordinances.