



105 E. Center Street  
 Sikeston, MO 63801  
 573-471-2512  
 www.Sikeston.org

**BUSINESS LICENSE APPLICATION**

**Collector's Office Telephone # 573-471-2193; Fax # 573-471-1526**

Today's Date	Name Change	New Location	New Location Address		
New Business	New Owner	Previous Location in Sikeston (if applicable)			
Name of Business (DBA)					
Name of Corporation					
Owner(s) or Principal(s)					
Contact Person For Inspection:				Telephone Number:	
Business Address					
Mailing Address (if different than above)			City	State	Zip
Business Phone	Fax		Home Phone	Cell phone	
E-mail Address			Website		
Date Business Started in Sikeston Mo		Number of Employees	Type of Business	Sales Tax Number	
Permanent	Temporary		Owner of Premises		
Owner Address			City	State	Zip
Applicant Signature					
<b>Office Use Only</b>					
Account ID	Customer ID	Taxes Paid: Yes No Taxes Not Applicable		Date Inspection Fee Paid	
Approved	Yes	No	City Collector or Designee		Date
License Number	NORMAL INSPECTION PROCEDURES MAY TAKE A MINIMUM OF SEVEN (7) WORKING DAYS. QUESTIONS REGARDING INSPECTION CALL 573-471-2512.				

**EMERGENCY NOTIFICATION INFORMATION**  
**Sikeston Department of Public Safety**  
**Police and Fire Communications Division**

Date: \_\_\_\_\_

Name of Business:	
Location of Business:	
Type of Business:	
Mailing Address:	
Phone Number:	
Fax Number:	
After Hours Phone #:	
Business Hours:	
Business Owner:	
Building Owner:	

Please list three (3) **LOCAL PERSON(S)** that have keys to your business and can respond quickly in the event of an emergency. Please do not include a work number if it is the same as above.

Name	Home Phone	Cell Phone/Pager
1.		
2.		
3.		

Alarm Company:	Phone Number:
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Use toll-free number for alarm company-NOT the local business number.

Return this form with your Business License Application to :  
 City of Sikeston, Collector's Office  
 105 East Center Street  
 Sikeston, MO 63801  
 Fax Number: 573-471-1526

If you need further assistance with this form please call 573-471-2512.