



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 #: _____

