



### 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 #:** \_\_\_\_\_



**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 Number: \_\_\_\_\_

Business Hours: \_\_\_\_\_

Business Owner: \_\_\_\_\_

Building Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list three (3) local persons that have keys to the business  
in the order that they should be contacted.

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: \_\_\_\_\_

*Use toll-free number for Alarm company, not the local business number.*

Please return this form by mail to:     **Sikeston Department of Public Safety**  
  **Attention: Communications Supervisor**  
  **215 N. New Madrid**  
  **Sikeston, MO 63801**

Or by FAX to: (573) 471-7872

If you need any further assistance with completing this form, please call (573) 471-4711.