

**2021 Business License Application
City of New Bloomfield
PO Box 77 · 501 Glenwood Drive
New Bloomfield, Missouri 65063
(573) 491-3614**

1. Name of Business: _____ Phone Number: _____

2. Physical Address: _____

3. Mailing Address: _____

4. Nature of Business: _____ Email: _____

5. Manager: _____ Manager's Telephone Number: _____

6. Name and Address of Owner or Corporate Office: _____

_____ Owner's Telephone #: _____

7. Tax ID Number or Owner's SSN: _____ Owner's Date of Birth: ____/____/____

8. Number of Employees excluding owner: ____ Workers Comp. Required: Yes No / Attached: Yes No

9. License History: Has Applicant, Owner, or Manager have ever had a business license suspended or revoked in Missouri or any other state? Yes No If yes: a) State of Revocation: _____

b) Date of Susp/Revoc: _____ c) Period of Susp/Revoc: _____ d) Put explanation on reverse of this form

10. Sales Tax License No.: _____ If applicant has a sales tax license number, applicant must attach tax clearance letter from the Missouri Department of Revenue showing that owner/manager is not indebted to the City of New Bloomfield or Missouri for any tax, including sales tax. MODOR's telephone number is: **(573)751-4450**
Letter Attached: Yes No

11. **Notice to applicant:** All licenses expire December 31st each calendar year and are not transferable to any other person or entity.

12. The undersigned applicant certifies that the information contained in this application is accurate and complete. The applicant understands that from the date the application is received by the City Clerk, the applicant has 10 days to submit all required paperwork and \$25.00 or the license may be denied, the application fee forfeited, and the applicant will have to reapply for a business license. Print Name and Title: _____

13. Date: _____ Applicant Signature & Title: _____

FOR USE BY CITY OF NEW BLOOMFIELD ONLY:

Application Determination: Approved or Denied: _____

City Clerk Signature: _____ Date: _____

If approved, was application: Mailed or Hand Delivered on Date: _____

Amount Paid _____ Date Paid: _____ Check # / MO #: _____ Cash Receipt #: _____