Mailing: PO BOX 188
Physical: 105 S Washam
Miller, MO 65707

CITY OF
MILLER
Missouri

Phone: (417) 452-3371
Fax: (417) 452-2523

Application / Renewal for Business License

For Renewals - Complete this form and return with your payment to the City of Miller mailing address: PO BOX 188 Miller MO 65707

Application Type: ◯ **NEW** ◯ **RENEWAL** ◯ **"No Tax Due" CERTIFICATE PROVIDED**

Please Circle One

Business License Cost is $5.00 - Per City Ordinance 605.030 **Valid Through:** _____

Name of Business: _____

Name of Applicant: _____ **Phone:** _____

Mailing Address: _____

Physical Address: _____

Type of Business: _____

Federal Employer Identification Number: _____

Missouri Sales Tax Number: _____

Please list at least one emergency contact and up to three, in the spaces provided below:

Emergency Contact: _____ **Phone Number:** _____

Emergency Contact: _____ **Phone Number:** _____

Emergency Contact: _____ **Phone Number:** _____

I, the undersigned do hereby affirm that the above information is true and correct to the best of my knowledge and also agree to comply with the provisions of the City Business License and all applicable ordinances and laws.

Applicant Signature: _____ **Date:** _____

For Office Use Only

License Status: **APPROVED** **DENIED** **Business License #:** _____

Circle One

Amount: _____ **CASH** **CHECK** **CARD** **Date:** _____

Circle One

Authorized Signature: _____ **Cash / Check / CC Number:** _____