

WELCOME TO MATTHEWS



CITY HALL

301 WEST MAIN ST
MATTHEWS, MO 63867

CITY OF MATTHEWS, MO
Business License Application
P.O. Box 54, Matthews, MO 63867
573-471-2541 ex. 1
aspraggs@cityofmatthews.org

BUSINESS INFORMATION

Business Name: _____

Business Address: _____

City: _____ State: _____ ZIP: _____

Mailing Address (if different): _____

City: _____ State: _____ ZIP: _____

Business Phone: _____

Business Email: _____

Business Website (if applicable): _____

Type of Business: _____

☐ Retail ☐ Service ☐ Industrial ☐ Home-Based ☐ Other: _____

Brief Description of Business Activity:



www.cityofmatthews.org



573-471-2541



573-475-8163

OWNER INFORMATION

Owner Name(s): _____

Phone Number: _____

Email Address: _____

Home Address: _____

City: _____ State: _____ ZIP: _____

BUSINESS OPERATION DETAILS

Date Business Will Begin/Has Begun in Matthews: _____

Number of Employees (including owner): _____

Federal Tax ID Number (EIN): _____

Missouri Sales Tax Number (if applicable): _____

Is this business located within city limits?

☐ Yes

☐ No

LICENSE FEES

Business License Fee: \$25.00

☐ Cash ☐ Check ☐ Money Order

Date Paid: _____

Receipt #: _____

REQUIRED ATTACHMENTS (if applicable)

- ☐ Copy of State of Missouri Registration
- ☐ Copy of Sales Tax Certificate
- ☐ Health Department Permit (if applicable)
- ☐ Proof of Insurance (if required)

You must have a Business, Trade, or Occupation License for the privilege of engaging in and carrying on, within the City of Matthews, any business, trade, or occupation not otherwise exempted by the provisions of section 605.020. No person, firm, corporation, or partnership, nor any two or more persons engaged in any joint enterprise shall engage in or carry on any business, trade, or occupation without having first obtained a license.

APPLICANT SIGNATURE

I hereby certify that the information provided is true and correct to the best of my knowledge and belief. I agree to comply with all ordinances, regulations, and licensing requirements of the City of Matthews, Missouri.

Signature of Applicant: _____

Printed Name: _____

Date: _____