

APPLICATION FOR MERCHANT'S LICENSE **\$25.00 Fee**

Name of Business _____ Owner of Business _____
Business Address _____ Owner's Address _____
City, State, Zip _____ City, State, Zip _____
Business Phone _____ Owner's Phone _____
MO Sales Tax # _____

As provided in Section 150.100 Revised Missouri Statutes 2000, I hereby make application to the Collector of Revenue of Johnson County, Missouri, for a merchant's or manufacturer's license for ensuing year. I hereby certify that all goods, wares and merchandise to be sold under this license are to be sold only at the address listed above and that the merchandise sold at: ___ wholesale ___ retail ___ both.

Signature of applicant _____

Print name of applicant _____

Complete and mail along with \$25.00 fee to: Laura Neth Smith, County Collector
660-747-5531 **1310 S Maguire St, Ste A, Warrensburg, MO 64093**