



# City of Monett

Pride and Progress

Mike Brownsberger, Mayor

Al Dohmen, Commissioner • Ken Gaspar, Commissioner  
Christopher T. Weiner, City Administrator

217 Fifth Street • Monett, Missouri 65708  
(417) 235-3763

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Dear Contractor, Plumber or Electrician:

Thank you for choosing to do Contractor work in the City of Monett. Please complete and return the enclosed form, copy of your driver's license, copy of liability insurance, along with your license fee of \$15.00, to City of Monett, 217 Fifth Street, Monett, MO 65708.

A Contractor Business License will be mailed to you after receipt of payment and all completed documents. If you have questions, please call 417-235-5306 Ext. 2755.

Pride and Progress

**CONTRACTORS, PLUMBERS, ELECTRICIANS**

**BUSINESS LICENSE APPLICATION**

**City of Monett**

**217 Fifth Street, Monett, MO 65708**

**Phone: 417-235-3495 Fax: 417-235-4608**

\$15

**BUSINESS INFORMATION:**

Business Name: \_\_\_\_\_

Doing Business As: \_\_\_\_\_

Location Address: \_\_\_\_\_

Business Opening Date: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Merchandise Sold: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Please circle one: Corporation Franchise LLC Non-Profit Partnership Sole Proprietor

Missouri Sales Tax ID #: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Number of employees: \_\_\_\_\_ Do you collect sales tax? \_\_\_yes \_\_\_no

**OWNER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Driver License No.: \_\_\_\_\_ Driver License State: \_\_\_\_\_

**MANAGER INFORMATION:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**CHECKLIST OF REQUIRED DOCUMENTATION FOR BUSINESS LICENSE:**

- \_\_\_\_\_ Copy of Owner's Driver License
- \_\_\_\_\_ Missouri Sales Tax ID # (or Sales Tax Waiver if business is exempt) if sales tax is collected
- \_\_\_\_\_ Statement of No Tax Due from the Missouri Department of Revenue if sales tax is collected (in accordance with Missouri law requiring businesses to prove that they do NOT owe sales tax to the state). For information in obtaining your No Tax Due statement, please contact the Missouri Department of Revenue website at <https://dors.mo.gov/tax/notaxdue/taxpayer.jsp> or call 573-751-9268.
- \_\_\_\_\_ Copy of County Health Permit (food services only)
- \_\_\_\_\_ Copy of State Occupational License (massage therapist, cosmetology & barber, tattooing & body piercing, etc.)
- \_\_\_\_\_ Copy of surety bond (plumbers only)
- \_\_\_\_\_ Copy of liability insurance (contractors, roofers, and plumbers only)

Your business license will be mailed after all requirements have been met; please allow up to two (2) weeks.

\_\_\_\_\_  
Signature of Owner or Manager

\_\_\_\_\_  
Date

**OFFICE USE ONLY:**

Office of Building Inspector

- 1) Zoning requirements met: yes \_\_\_\_\_ no \_\_\_\_\_
- 2) Building inspection required: yes \_\_\_\_\_ no \_\_\_\_\_  
If yes, date inspection is approved \_\_\_\_\_ Inspected by \_\_\_\_\_
- 3) Attach copy of Building Inspectors Report
- 4) Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Office of Fire Code Inspector

- 1) Fire inspection performed by \_\_\_\_\_ on \_\_\_\_\_
- 2) Attach copy of Fire Code Inspectors Report
- 3) Comments \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_