City of Neosho
203 E. Main
Neosho, MO 64850
417-451-8050
417-451-8065(fax)

☐ New App ☐ Renewal

Date Application Rec'd _____

OFFICE USE ONLY
License # _____
Lic Fee: _____
Check #_____
Cash $ _____
Credit Card

Application for Business License—Beginning October 1, 2025 & Ending September 30, 2026

OFFICE USE ONLY
City Finance Department Clearance _____Date _____

Zoning approval and Classification _____---_____

Full Legal Name of Company _____

DBA _____

Business Address _____City, State, Zip_____

Mailing Address _____City, State, Zip _____

Name of Owner(s) of Company _____Address of Owner(s) of Company _____

Company is: ☐Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Limited Liability Co ☐ Other (describe): _____

Will this business make retail sales? ☐ Yes ☐ No How many employees _____. Missouri Tax ID # (MITS) _____

SS# or Company Federal ID #_____Business Phone_____ Home/Cell Phone_____

E-Mail_____ Service Provided/Nature of the Business _____

What is the amount of your Taxable GROSS SALES/REVENUE per year (check one)

_____	**$0 to $100,000 taxable gross sales**		**$25.00**
_____	**$100,001 to $300,000 taxable gross sales**		**$50.00**
_____	**$300,001 to $500,000 taxable gross sales**		**$75.00**
_____	**Over $500,000 taxable gross sales**		**$100.00**
_____	**For each additional $1,000,000 in taxable gross sales**	**$25.00**	**x** _____
_____	**All Manufactures/Wholesale/Banking Institutions**	**$150.00**	
	License Fee Due		_____
	Delinquent Penalty (5% per month beginning with November)		_____
	TOTAL DUE		**$**_____

By signing below, I certify that all the information contained in this Application and supplied in support hereof is true, complete and accurate. I further certify that I am and every individual working for or on behalf of Company is permitted under Federal Immigration laws to work in the United States. **I further certify that all taxes and fees now due and payable by the Company to the City are paid/current.**

X – Authorized Signature _____ Date:_____

Printed Name _____ Title _____

OFFICE USE ONLY

_____ Date _____
License Clerk