



**City of Neosho**  
**203 East Main Street**  
**Neosho, MO 64850**  
**417-451-8050 (Phone)**  
**417-451-8065 (Fax)**

Date Application Rec'd _____
License #: _____
Check # _____ Credit Card <input type="checkbox"/> Cash <input type="checkbox"/>

**Application for Mobile Merchant /Merchant Temporary License**  
 Beginning October 1, 2025 & Ending September 30, 2026

Full Legal Name of Company: \_\_\_\_\_  
 DBA: \_\_\_\_\_  
 Business Physical Address: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_

Full Name of Company Owner: \_\_\_\_\_  
 Address of Owner: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ D.O.B.: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Year, Make and Model of Automobile: \_\_\_\_\_  
 Vehicle Color: \_\_\_\_\_ License Tag #: \_\_\_\_\_ State: \_\_\_\_\_  
 License Expiration: \_\_\_\_\_  
 Company Federal ID #: \_\_\_\_\_ Company MO Tax ID # (MITS): \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
 Email: \_\_\_\_\_

\_\_\_\_\_ Mobile Merchant/Merchant Temporary fee \$10.00

**TOTAL DUE** \$ \_\_\_\_\_

KIND OF GOODS OR SERVICES TO BE SOLD: \_\_\_\_\_  
 LOCATION OPERATING FROM IN NEOSHO: \_\_\_\_\_

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: \_\_\_\_\_

_____	Date: _____
License Clerk	