



APPLICATION
MERCHANT'S LICENSE
CHRISTIAN COUNTY, MISSOURI

PLEASE TYPE OR PRINT

NAME OF BUSINESS _____
(IN CHRISTIAN COUNTY)

OWNER'S NAME _____

TELEPHONE FOR BUSINESS (____) _____

TELEPHONE NUMBER FOR OWNER (____) _____

BUSINESS LOCATION ADDRESS _____
(PO BOX or STREET) (CITY) (ZIP)

MAILING ADDRESS FOR BUSINESS
(IF DIFFERENT) _____
(STREET) (CITY) (ZIP)

NATURE OF BUSINESS _____
(WHOLESALE, RETAIL, MANUFACTURING, RESTAURANT, FLOWER SHOP, ETC.)

APPLICANT INFORMATION

NAME/TITLE _____
(PLEASE PRINT)

SIGNATURE OF APPLICANT

DATE

ATTACH CHECK IN THE AMOUNT OF **\$25.00**, MADE PAYABLE TO
TED NICHOLS, COLLECTOR
AND RETURN TO: **100 WEST CHURCH ROOM 101, OZARK, MO 65721**
(417)582-4330

YOU ARE REQUIRED BY MISSOURI LAW 150.100 RSMO, TO HAVE A COUNTY MERCHANT'S LICENSE IF YOU CONDUCT WHOLESALE, RETAIL OR MANUFACTURE WITHIN THE COUNTY.
YOU MAY ALSO NEED A CITY BUSINESS LICENSE. PLEASE CONTACT THE CITY HALL OF THE CITY YOU WILL BE DOING BUSINESS IN.

* IF YOU HAVE ANY QUESTION OR NEED ADDITIONAL INFORMATION PLEASE CONTACT OUR OFFICE *