

**CITY OF DEARBORN**  
**P.O. BOX 86 - 100 SHORT ST.**  
**DEARBORN, MO 64439**  
**816-992-3576 Fax 816-992-8704**

**Business License Application**

Clearly print and complete the following information:

Company Name: \_\_\_\_\_ Sales Tax # \_\_\_\_\_

DBA Name: \_\_\_\_\_ Employer ID: \_\_\_\_\_

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

Please select the most appropriate category that describes the nature of your business:

Contractor/Subcontractor	Entertainment	Restaurant	Retail	Service
--------------------------	---------------	------------	--------	---------

Contact Information:

Owners Name:	Primary Phone:
Alternate Contact:	Alternate Phone:

Mailing Address: (Attention to) \_\_\_\_\_

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Physical Location of Business (Address):

Address 1: \_\_\_\_\_

Address 2: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Annual Occupation Tax Due to the City of Dearborn:

General Business                      \$25.00

Business with Liquor License        \$25.00

***PLEASE REMEMBER TO SIGN AND FILL OUT THE BACK PAGE***

Worker's Compensation Coverage – If you are a contractor in the construction industry, with one or more employees other than yourself, you are required by State Statutes RSM0.287.061 to provide a certificate of insurance for workers' compensation coverage or an affidavit from Division of Workers' Compensation signed by the applicant attesting that the contractor is exempt.

Is a certificate of insurance required? Yes \_\_\_\_ No \_\_\_\_  
If yes, please attach a copy of the certificate of insurance.

If the business is located within the corporate limits of the City of Dearborn, Missouri, no license shall be issued until all relevant sales tax, income tax, real estate and personal taxes relating to the business have been paid in full per RSMO 144.083.

Is the business located in City limits of Dearborn? Yes \_\_\_\_ No \_\_\_\_  
If yes, attach a copy of the "paid" sales tax, income tax, real estate and personal tax receipts for the business.

Is this application for a business with a liquor license? Yes \_\_\_\_ No \_\_\_\_  
If yes, attach a copy of your state liquor license and the completed Liquor License Application.

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Dearborn tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Return this application, copies of requested documentation and the \$25 Business Occupation Tax made payable to Collector - City of Dearborn. You may use the drop box at City Hall or mail it to the address below:

Business License  
City of Dearborn  
PO Box 86  
Dearborn, MO 64439