



CITY OF BONNE TERRE

-----*A Mayor-Alderman*-----

(573) 358-2254

Form of Government

118 N. Allen Street

(573) 358-1525 Fax

Bonne Terre, MO 63628

BUSINESS/MOBILE HOME PARK/LIQUOR LICENSE APPLICATION

BUSINESS INFORMATION

Business Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone #: () _____ **Fax #:** () _____

Email: _____ **Type of Business:** _____

MISSOURI SALES TAX INFORMATION

_____ I certify by my signature below that I have registered my business with the Missouri Department of Revenue and **have provided a copy** of my Missouri Sales Tax Certificate and a no tax due letter from the Department of Revenue _____ per Section 144.083.2 RSMo.

_____ I certify by my signature below that my business is for **service only** and I am not required to collect local sales tax.

Owner Signature

Owner Printed Name

Date

