

# ***CITY OF MOUND CITY***

205 East Sixth Street, PO Box 215  
Mound City, MO 64470

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## ***Merchant License due for 2018***

***Amount Due: \$15.00***

***Due by January 1, 2018***

***Name of Business:*** \_\_\_\_\_

***Owner/Agent/Manager:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

\_\_\_\_\_

***Phone #*** \_\_\_\_\_

***Sales Tax #*** \_\_\_\_\_

If any of the above information is incorrect or incomplete, please make the necessary changes.

**All Businesses with a Missouri Retail Sales Tax Number must show a statement of "No Tax Due" before license will be issued or renewed.**

I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.

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

**THIS FORM MUST BE RETURNED TO THE CITY COLLECTOR BEFORE YOU CAN RECEIVE YOUR MERCHANTS LICENSE**

***City Clerk 660-442-3447  
City Collector 660-442-3434***