

# CITY OF GOLDEN CITY



701 DEPOT AVENUE, P O BOX 127, GOLDEN CITY MO 64748

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## Application For Merchant's or Manufacturer's License

Missouri Sales Tax ID # \_\_\_\_\_ Acct # \_\_\_\_\_ (To Be Completed By City)

Complete and return along with check or money order in the amount of \$ 0

To City of Golden City P.O Box 127 Golden City, MO 64748

**DUE BY JANUARY 31<sup>ST</sup>. A \$1 FEE WILL BE ASSESSED FOR EACH MONTH IT IS LATE**

**Non For Profit (Exempt)**

Business Phone # \_\_\_\_\_

Fax# \_\_\_\_\_

Owner's Phone # \_\_\_\_\_

As Provided in Section 150.100 RSMO 2008, I hereby make application to the Collector of Golden City, Missouri for a Merchant's, or Manufacturer's License for a period of One year. I hereby certify that all goods, wares, and merchandise to be sold in Golden City will be covered under this license and that the merchandise is sold at (Circle all that apply)

Wholesale      Resale      Both Wholesale & Retail      Service/No Sale

Further, I hereby certify that if applicable, the above business is in compliance with regulations pertaining to this business as set out in the Workman's Compensation laws of the State of Missouri.

Signed: \_\_\_\_\_ Print: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

### Mailing Address

Name: \_\_\_\_\_

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

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

### Owner's Information

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

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