



License Fee:  
License #:

715 Washington St.  
Chillicothe, MO 64601  
(660) 646-1877  
(660) 646-6811 (fax)  
[cityclerk@chillicotheclty.org](mailto:cityclerk@chillicotheclty.org)

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## APPLICATION FOR CITY BUSINESS LICENSE

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*Issued pursuant to and under the terms and conditions of  
Chapter 605 of the Code of Ordinances  
Of the City of Chillicothe, Missouri*

1. Date: \_\_\_\_\_
2. To be issued to: \_\_\_\_\_
3. Residence Address: \_\_\_\_\_
4. Residence Telephone: \_\_\_\_\_
5. Date of Birth of Business Owner: \_\_\_\_\_
6. Business Name: \_\_\_\_\_
7. Business Address: \_\_\_\_\_
8. Mailing Address (if different): \_\_\_\_\_
9. Business Telephone: \_\_\_\_\_
10. Business E-mail: \_\_\_\_\_

11. Describe, in detail, kind of business and goods or services to be sold: \_\_\_\_\_  
\_\_\_\_\_

12. Opening date of business by applicant in City: \_\_\_\_\_

13. State whether applicant is individual, partnership, or corporation: \_\_\_\_\_

14. If partnership, list partners, giving residence address and telephone numbers of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. If corporation, list officers, giving title, residence address and telephone numbers of each: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. Are you taking over a previously licensed business? \_\_\_\_\_  
If yes, from whom? \_\_\_\_\_

17. Have you ever been licensed in the City of Chillicothe before? \_\_\_\_\_. If so, give most recent year: \_\_\_\_\_

18. If applicant will have no business address in the City of Chillicothe, give name and address of the agent or other local representative: \_\_\_\_\_  
\_\_\_\_\_

19. Do you possess a state retail license? \_\_\_\_\_ Tax ID#: \_\_\_\_\_  
If so, attach a copy of same hereto.

20. ATTACH A COPY OF VALID MISSOURI DRIVERS LICENSE/PHOTO ID.

21. PLEASE READ AND INITIAL THE ATTACHED STATEMENT.

\_\_\_\_\_  
Dated

\_\_\_\_\_  
Applicant

ACCEPTED BY: \_\_\_\_\_

CITY OF CHILLCOTHE

\_\_\_\_\_  
Date

*Please contact the City Code Enforcement Office  
to schedule an inspection:*

Code Enforcement Office  
(660) 646-5636  
(660) 646-6811 (fax)  
[codes@chillicothe-city.org](mailto:codes@chillicothe-city.org)

I hereby verify that I have inspected the business premises ("the premises") that is described above and affirmatively state that the premises are in compliance with all city, state, and federal building and safety regulations.

\_\_\_\_\_  
Code Enforcement Office

\_\_\_\_\_  
Date

**ATTACHED TO APPLICATION FOR CITY BUSINESS LICENSE**

I agree to manage and maintain the premises in full compliance with all laws and regulations during my occupancy. That I understand that said regulations are on file with the City Clerk and that I have been given full access to review same. I also understand that if I fail to comply with or abide by any rule, order, ordinance, or law of any properly constituted authority, whether federal, state, or municipal, the City may terminate this license upon seven (7) days written notice. I hereby fully release, discharge, and indemnify the City of Chillicothe, and its agents and employees from any and all liability that might be occasioned by the condition of the premises or my failure to abide by any rule, order, ordinance, or law of any properly constituted authority."

(Applicant initials) \_\_\_\_\_

# Occupational License

## (Service Only)

- Need to Complete City License form
- License is good for 1 year (April 1<sup>st</sup> to March 31<sup>st</sup> )
- Amount of license depends on the type of business
- If selling any products, a Retail Merchant License will be needed as well
- Copy of Driver's License

# Retail Merchant License

- \$50.00 Deposit is required
- Quarterly statement is mailed to license holder to be paid every quarter
- Also needed a Copy of Missouri Sales Tax License
- No Tax Due Statement
- Copy of Driver's License