

Business License Application Information

Welcome to the City of Dixon! Thank you for choosing to join our growing community.

If you are applying for a NEW or RENEWAL business license please begin the licensing process 30 days prior to operating your business in the city of Dixon.

Upon Completion Return To:

- In person: Dixon City Hall, 305 South Elm Street
- Email: aell@cityofdixonmo.org
- Mail: City of Dixon, PO Box 177, Dixon, MO 65459
- Fees are as follows: **\$25.00 (IN TOWN) -- \$35.00 (OUT OF TOWN)**
- **Payment Methods:** Cash, Check or Credit Card

City of Dixon, Missouri Business License Requirements:

General Business: Office, Doctor, Hair Salon, etc.

- Completed Business License Application
- Retail sales must provide “No Tax Due” letter annually
- Businesses are required under 287 RSMo (unless said business is exempt under the same chapter) to provide worker’s compensation insurance
- Tax ID Number

Contractor: Home Construction, Roofing, Electrical, Plumbing, Mechanic, etc.

(A contractor is any person or business in the construction industry)

- Completed Business License Application
- Contractors are required under 287 RSMo to show proof of worker’s compensation insurance or complete the affidavit from the Division of Labor and Industrial Relations for the State of Missouri. This document must be signed in front of a notary and cannot be notarized by City staff.

Food Establishment: Restaurant, Bar & Grill, Coffee Shop, Diner, etc.

- Completed Business License Application
- Retail sales must provide “No Tax Due” letter annually
- Businesses are required under 287 RSMo (unless said business is exempt under the same chapter) to provide worker’s compensation insurance
- Copy of Pulaski County Health Department permit
- Alcoholic beverage sales tax

Refuse Haulers: Salvage Dealers, etc.

- Insurance information, general liability and vehicle insurance
- Businesses are required under 287 RSMo (unless said business is exempt under the same chapter) to provide worker’s compensation insurance



Business License Application

New Application: ____

Renewal Application: ____ No changes ____ Changes

Legal Business Name:		
Doing Business As:		
Physical Address:		
City:	State:	Zip:
Mailing Address (if different from above):		
City:	State:	Zip:
Business Telephone #:		Missouri Sales Tax #:
Nature of Business (ie. Wholesale, Retail or Service):		
Business Email:		
My Business is:		Located:
<input type="checkbox"/> Sole Owner		<input type="checkbox"/> Inside City Limits
<input type="checkbox"/> Corporation		<input type="checkbox"/> Outside City Limits
<input type="checkbox"/> Limited Liability Company		
<input type="checkbox"/> Partnership		
<input type="checkbox"/> Other: _____		
My Business is Open on the following days and hours:		
<input type="checkbox"/> Sunday	Open: _____	Close: _____
<input type="checkbox"/> Monday	Open: _____	Close: _____
<input type="checkbox"/> Tuesday	Open: _____	Close: _____
<input type="checkbox"/> Wednesday	Open: _____	Close: _____
<input type="checkbox"/> Thursday	Open: _____	Close: _____
<input type="checkbox"/> Friday	Open: _____	Close: _____
<input type="checkbox"/> Saturday	Open: _____	Close: _____
Owner Name:		
Address:		
City:	State:	Zip:
Phone #:		Alternate Phone #:
Date of Birth:		Email Address:
Vehicle Description (color, make & model):		

This information is required for businesses physically located in City limits.

Alarm Company:

Address:

City:

State:

Zip:

Telephone #:

Other Information (include if there is a guard dog on premises, lights that are routinely left on etc.)

In the event of an alarm call who do you want notified first?

- ☐ Owner
- ☐ Keyholder

Does your business has an AED on premises? (AUTOMATED EXTERNAL DEFIBRILLATOR)
_____ YES _____ NO

Keyholder Name:

Address:

Phone #:

Alternate Phone #:

Vehicle Description (color, make & model):

Documentation Checklist

- ☐ Completed Application
- ☐ Copy of General Liability and Worker's Compensation Certificates (or affidavit)
- ☐ Copy of paid Real Estate Tax Receipt for business and business owners located in City limits
- ☐ Copy of Missouri Retail Sales License Tax # _____
- ☐ Copy of Pulaski County Health Department Permit for Food Establishments
- ☐ I certify that my business solely provides services only with no retail sales. Initials _____
- ☐ I certify that all information in this application is true, correct and complete

Owner Printed Name

Owner Signature

Date