

Village of Oakview

Application for Occupational License

Mail to: Village of Oakview PO Box 10766 Oakview, Mo 64188

Your occupational license must be **publicly displayed** at your business in Oakview.
If in business less than a year, estimate through June 30.

General Business Information

Application Date: __/__/__ Date started in Oakview: __/__/__ New ____ Renewal ____

Business Name: _____ dba: _____

Description of business: _____ Phone: (____) _____ - _____

Address: _____ Mailing Address: _____

City/state/zip: _____ Managers Name: _____

Managers Address/ Phone: _____

Owners Name/Address/phone: _____

Missouri Sales Tax Number: _____ Issued to: _____

Check one: __ Less than 5 employees __ 5 or more (attach proof of workers Comp. Insurance for 5 or more employees)

Enclose "No Sales Tax Due Statement" from the Missouri Department of Revenue.

Occupational License Fee is based on calendar or fiscal year __/__/__ through __/__/__.

__ estimated or __ actual **Gross Receipts (in thousands only) \$** _____

As the owner of this business, I certify the **Multiply by .40** _____

information provided in this statement is true. **Add fee of \$ 40.00** _____

Sign: _____ **Adjust for last year (+/-)** _____

Title: _____ **Operating w/o license (10%)** _____

Date: _____ **2% monthly thereafter** _____

TOTAL _____

FOR VILLAGE USE ONLY

RE/PP tax paid _____ Occ Lic fee paid _____ Liquor Lic _____ Tobacco Lic _____ Home Occ approved _____
Date issued _____ Occ Lic expires _____ Amount _____ Check # _____ Received by _____