

# City of Lincoln

122 E. Main St. ~ P.O. Box 17 ~ Lincoln MO 65338 ~ Phone (660) 547-2718

## Business License Application

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

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

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

Phone Number: \_\_\_\_\_

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

Type of Business: \_\_\_\_\_

### BUSINESS OWNER/CONTACT

Name \_\_\_\_\_

Address \_\_\_\_\_

Street

City

State

Zip

Phone number \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ MO Tax ID# \_\_\_\_\_

**\*\*PLEASE ATTACH CERTIFICATE OF NO TAX DUE\*\***

No license shall be issued to any firm, person or corporation, which shall be in arrears of payment of any debt to the City unless an acceptable payment plan has been approved by the City.

**FEE \$20.00**

Type of License: ( ) New ( ) Renewal

City Fee: \$ \_\_\_\_\_ Date Collected: \_\_\_\_\_ License # \_\_\_\_\_

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### GENERAL EXEMPTION AFFIDAVIT

\_\_\_\_ I, the undersigned, hereby certify that I am exempt from obtaining a Missouri Retail Sales License as required by Section 144.083.2, RSMo., because I do not sell retail goods.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_