



City of Branson West
 P.O. Box 2229
 Branson West, MO 65737
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 (417) 272-8669 Fax
 Contact e-mail:
 cityclerk@bransonwestmo.gov

BUSINESS LICENSE APPLICATION JUNE 1, 2024 – MAY 31, 2025

ALL INFORMATION AND FEES MUST BE PROVIDED BEFORE THE BUSINESS LICENSE CAN BE ISSUED. PRINT ONLY

- Regular Licenses are valid from 6/1 to 5/31 annually. License Fee is \$50 unless prorated after January 1 @ \$5 per month through 5/31.
- Vendor Licenses are valid for the days of the registered Special Event. Fee is \$10 for up to 5 days.

Business
 Contractor
 Vendor, Special Event

BUSINESS INFORMATION

Business Name:		
Business Address:		Business Mailing Address:
Business City:	Business State:	Business Zip:
Business Phone #:		Alternate Phone/Fax #:
Email:	Operating Hours:	Alarm:

OWNERSHIP TYPE

Sole Proprietor	Partnership	Limited Partnership
Limited Liability Company	Corporation	

Business /Corporation/LLC Name:		
Mailing Address:		
City:	State:	Zip:
Phone #:		
Email:		

OWNERSHIP/ EMERGENCY CONTACT INFORMATION (LIST ALL PARTNERS OR PRINCIPAL OFFICERS OR MEMBERS, THEIR HOME ADDRESSES AND HOME PHONES)

Name / Title:			
Mailing Address:	Home City:	Home State:	Home Zip:
Home/Cell Phone #:	Email:		
Name / Title:			
Home Address:	Home City:	Home State:	Home Zip:
Home/Cell Phone #:	Email:		

Missouri Retail Sales Tax Number:

BUSINESS TYPE / DESCRIPTION (PROVIDE A DETAILED DESCRIPTION OF THE PROPOSED BUSINESS ACTIVITY, INCLUDING INFORMATION ABOUT SERVICES AND PRODUCTS OFFERED)

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I agree to follow the City of Branson West Ordinances, Zoning Regulations, and Building Codes and to display the license in a conspicuous place within my business or have available for viewing upon request.

Please note the following requirements for licensing within the City of Branson West:

- IF RETAIL and/or VENDOR, a copy of your State Retail License must be submitted with this application.**
- IF RETAIL and/or VENDOR, a No Tax Due Statement must be provided by Retailers before a business license certificate can be issued. Contact the Missouri Dept. of Revenue (573) 751-5860.**
- CONTRACTORS must provide proof of Workers Compensation insurance or fill out an affidavit of exemption before they can be licensed.**

I certify that the above information is true and accurate.

Signature _____

Date _____

***** City Use Only *****

Department Review Comments:

Rec'd by _____ Date _____ Amount _____ Cash/Check _____

BL # _____

Proof of (No tax due statement) _____

Proof of MO DOR Retail Sales Tax ID # _____

Proof of Workers Compensation Insurance _____

Proof of proper Zoning for Business _____

Date mailed/mailed _____

Approved _____

Disapproved _____

Reason for Disapproval:

Reviewed By _____

Date _____