

City of Branson West P.O. Box 2229 110 Silver Lady Ln **Branson West, MO 65737** (417) 272-3313 Phone (417) 272-8669 Fax **Contact e-mail:** cityclerk@bransonwestmo.gov

BUSINESS LICENSE APPLICATION JUNE 1, 2025 - MAY 31, 2026

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. Payment form Cash, Check, Cashier Check, Money Order or Credit/Debit Card (fee applies). Vendor Licenses are valid for the days of the registered Special Event Fee is \$10 for up to 5 days. 					
3. Mark one of the below (Type of License)					
New Business Renewal Contractor Vendor, Special Event					
4. Business License Certificate Business License Certificate					
Emailed Mailed Hand Delivered (Store Front only) Pick up at Office (notification will be emailed to pick up)					
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	ability 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:		e State:	Home Zip:	
Home/Cell Phone #:	Email	:			
Name / Title:					
Home Address:	Home City:		e 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)

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 573-751-4876. CONTRACTORS must provide proof of Workers Compensation insurance or fill out an affidavit of exemption before they can be licensed. 				
<u> </u>				
Signature	Date			
*** (City Use Only ***			
Department Review Comments: Rec'd by Date Amount				
Approved Reason for Disapproval:	Disapproved			
Reviewed By	Date			