



133 Cherokee Road, Four Seasons MO 65049
573-365-3833 ext. 1 / FAX 573-365-5292
info@villageoffourseasons.com

RE: Business License

Dear Business Owner:

Enclosed is an application for the renewal of your business license. A Business Ordinance requires all businesses operating within the Village limits obtain a license on an annual basis, commencing on January 1, of each year.

Please submit your application with non-refundable application fees of \$20.00 for each license applied for by December 1, 2022. The submitted applications will be reviewed at the December 14th, 2022, regular Meeting of the Village Board of Trustees for approval.

Applications received later than December 1st, 2022 will not be prorated.

A Certificate of No-Tax Due is required by RSMo 144.083 if you collect sales tax. You may contact the Missouri Department of Revenue by calling 573-751-9268.

If you have any further questions do not hesitate to contact this office at the address and/or telephone number listed above. The office hours for the Village of Four Seasons are Monday thru Friday from 8:00 a.m. to 12 p.m. and 1 p.m. to 4 p.m.

Sincerely,

Shannon Sullivan, Clerk
Village of Four Seasons



RETURN APPLICATION BY DECEMBER 1ST, 2022.

Business License # _____

Application Fee: \$20.00 payable to The Village of Four Seasons

VILLAGE OF FOUR SEASONS BUSINESS LICENSE APPLICATION

This business license will be valid until December 31, 2023. Anyone operating business as stipulated in Ordinance 10.19 of the Village of Four Seasons and Section 80.090 and 80.490 RSMo must submit this request completed as required prior to the Trustees approval and the issuing of a business license. If a question is not applicable, indicate N/A. False statements may result in denial or withdrawal of a license and are punishable by law.

Please attach copy of Missouri State Retail Sales Tax License **if** you collect sales tax. (If more than one business under same application, furnish a copy of Missouri State Retail Sales Tax License for each business if you collect sales tax.)

Business Name/DBA:(As it will appear on license) _____

Issued To: (Owners Name) _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Telephone #: _____ Email Address: _____

Date of Application: _____ Person Completing Application: _____

Type of Business: (If more than one business, use separate sheet) _____

Is your Worker's Compensation Insurance Certificate Attached? Yes _____ No _____

Is your General Liability Insurance Certificate Attached? Yes _____ No _____

Have you had any business, occupational and/or other licenses suspended and/or revoked in this or any other state?
Yes _____ No _____

If "Yes", explain: _____

Business Status: Individual _____ Partnership _____ Corporation _____

If Partnership or Corporation, list Partners or Corporate Officers:

Name(s)	Title(s)	Address	Telephone #
_____	_____	_____	_____
_____	_____	_____	_____

Missouri Retail Sales Tax #: (For Each Business Listed If Sales Tax Is Collected)

Issued to Whom: _____

Note to General Contractors: All subcontractors will need to have a business license to approve your permit.