

City of Galena, MO
P.O. Box 234
Galena, MO 65656
417-357-6226

Application for Business license

(please print or type) Application date _____ please check one () new () renewal

1. Name of Business (D.B.A.) _____

Physical address/ mailing address _____

City _____ State _____ Zip _____

Phone number _____ After hours contact & number _____

2. Is the Business operated from home _____ yes _____ no

3. Are real estate taxes paid up to date _____ Are personal taxes paid up to date _____

As defined by RSMo 287.030, Employers, are required to have workers' compensation if there are five (5) or more employees, unless exempt. Please submit a copy of certificate of insurance for workers' compensation coverage or have your insurance agent fax a copy to City Hall.

4. Number of employees: _____ Full time _____ Part time

As of January 1, 2009 Cities are required to have on file, from any business where goods are sold at retail, a statement of no tax due from the Department of Revenue before any City business license can be issued or renewed. To print off your statement you may access the MO Dept. of Revenue at <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm> or by calling 573-751-9268

5. Do you sell a product subject to retail sales tax? _____ yes _____ no
If yes you must provide a Missouri retail sales tax number

6. Primary business type activity? _____

OFFICE USE ONLY

Bus. Lic. # _____ Check/Cash _____ Approved by & Date _____