

City of Canton
Business License Application

106 North 5th Street Canton, MO 63435
Phone: 573.288.4413 / Fax: 573.288.3738
Email: cantonlyclerk@centurytel.net

Business Name: _____

Corporate Name: _____

Business Address: _____

Owner's Name/Licensee: _____

Owner's Home Address: _____

Business Mailing Address: _____

Business Email Address: _____ Business Phone: _____

Sales Tax ID: _____ Federal Tax ID: _____ SSN: _____

Type of Business: _____

Requirements: *(You must have all of the following before license will be issued.)*

1. Must have all City of Canton accounts currently paid. This includes utilities and municipal taxes.
2. Provide a copy of Missouri state sales tax license if applicable.

Insurance Requirement:

All business owners are required to provide the City of Canton a "Certificate of Insurance." You can have your insurance company fax or email this certificate to us, using the information at the top of this page.

License fee: \$35.00 Annually January 1 – December 31

Failure to comply with the provisions of this ordinance shall be subject to a penalty as set forth in Section 100.220 of the Canton Municipal code which provides for a fine up to \$500 per day and up to 90 days in jail.

I declare under penalty of perjury that this application has been examined by me and the statements made herein are in good faith pursuant to the regulations of the City of Canton and the State of Missouri and, to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant: _____ Date: _____