

# City of Canton

## Business License Application

106 North 5<sup>th</sup> Street Canton, MO 63435  
Phone: 573.288.4413 / Fax: 573.288.3738  
Email: [cantoncityclerk@centurytel.net](mailto:cantoncityclerk@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: \_\_\_\_\_ **OR** Federal Tax ID: \_\_\_\_\_ **OR** 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:**

Every person, firm, corporation or other entity obtaining an occupational license from the City of Canton, Missouri, shall provide proof to the City that all structures, whether owned by the applicant for the license or by a third party, where the business is operating are covered by fire, windstorm and extended coverage insurance in an amount not less than fifty thousand dollars (\$50,000.00). Your insurance company can fax or email a "Certificate of Insurance" to us, using the contact information at the top of this form.

**License fee:**

Licensed for First Time	
Jan. 1 - Jun. 30	\$35.00
Jul. 1 – Sep. 30	\$17.50
Oct. 1 and after	\$ 8.75
Succeeding years	
Jan. 1 – Dec. 31	\$35.00

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: \_\_\_\_\_