

City of Canton

Business License Application

400 Lewis Street Canton, MO 63435
Phone: 573.288.4413 / Fax: 573.288.3738
Email: cantontyler@gmail.com

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 - Dec. 31 \$ 8.75

Succeeding years

Jan. 1- Dec. 31 \$35.00

Failure to comply with the provisions of the 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: _____