City of Canton
Business License Application

400 Lewis Street Canton, MO 63435
Phone: 573.288.4413 / Fax: 573.288.3738 / Email: cityclerk@cityofcantonmo.gov

Business 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 the following before license will be issued*.)

1. All City of Canton utility and tax accounts currently paid.
2. If applicable, provide a copy of Missouri state sales tax license.

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 & 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.

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_____