CITY OF JOPLIN, MISSOURI
BUSINESS LICENSE APPLICATION

Application is for NEW businesses only. If you need to RENEW a license, please contact the Business License Specialist.

Send completed applications to: City of Joplin, Business Licensing, 602 S Main St, Joplin, MO 64801
Contact us: 417-624-0820, ext. 1242
Email: jwagler@joplinmo.org

BUSINESS INFORMATION:

Business Name: _____

Business Address: _____

_____

Business Phone: _____

Mailing Address: _____

Email Address: _____

FEIN (Tax ID) #: _____ MO Sales Tax # _____

Date of Opening: _____

Home Based Business (check the appropriate box): ☐ YES ☐ NO

Worker's Compensation Insurance (check the appropriate box): ☐ YES ☐ NO

(If YES, please attach/submit a copy of Certificate of Insurance)

BUSINESS DESCRIPTION: Please provide a detailed description of the proposed nature of business, including information about services and/or products offered:

OWNERSHIP INFORMATION:

OWNERSHIP TYPE (check the appropriate box): LLC or Incorporation? ☐ YES ☐ NO

(If YES, please attach/submit a copy of the Articles of Corporation or Certifcate of Good Standing from Secretary of State)

Owner Name: _____

Owner Address: _____

Owner Phone: _____

Owner Email: _____

You may not conduct business until your business license is approved and issued.
Any person who knowlingly makes a false statement in the application for a license shall be deemed guilty of a misdemeanor.

APPLICANT:

Date: _____

Applicant Name: _____

Signature: _____

JOPLIN MISSOURI