



110 W. Maddux - Suite 200
 Branson, Missouri 65616
 417-337-8551 (phone); 417-335-6042 (fax)

Finance Department Date Stamp

BUSINESS LICENSE APPLICATION (Type or Print)

1. Purpose of Application	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership
<input type="checkbox"/> Change in Location	<input type="checkbox"/> Reinstate Revoked License	<input type="checkbox"/> Business Name Change

2. Corporation or LLC Name (Legal Name)	Est. Opening Date
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3. Doing Business As - NAME of BUSINESS
 (Must Match Signage)

4. Contact Person Regarding Application	Telephone	E-Mail
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5. Local Bus. Phone	6. Local Fax	7. Bus. E-mail
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8. Natl. Office Phone	9. Natl. Fax	10. Natl. E-Mail
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11. Business Address	12. Mailing Address (if different from business address)
Street:	Street:
City, State, Zip:	City, State, Zip:

13. Type of Ownership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation

14. NAMES of OWNERS, PARTNERS, LLC MEMBERS, OFFICERS (List below - provide add-on sheet if needed)

Name:	Title:	Phone Number:
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Home Address:

Name:	Title:	Phone Number:
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Home Address:

15. Business Description: Give a concise description of the business to be conducted. Be certain that the types of business transactions to be conducted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the license to be rejected or revoked.

16. Federal Employer ID # (FEIN)	17. Missouri Retail Sales License: (provide a copy with this business address) Dept. of Revenue Sales Tax Number:
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18. RESPONSIBLE PARTY CERTIFICATION (Recommended to be signed by the local manager or owner that is responsible for the conduct of the business at the location to be licensed) - The individual signing this document must provide a copy of a current driver's license or other current government issued identification.

I (the undersigned) have answered all questions on the application, and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make application and certify the information on its behalf. **I will notify the city if I leave the employment of the business being licensed or no longer function as it's Responsible Party.** On behalf of the business, I acknowledge and agree to the following conditions related to the conduct of the business:

- a. Our business cannot commence operations in Branson until a city business license is issued. A license cannot be issued until the required department approvals have been obtained, fees have been paid, and a copy of a Mo. Department of Revenue Retail Sales License for the licensed location has been provided (if applicable);
- b. I must notify the city's Finance Department in writing of any change in business name, address, ownership, or Responsible Party;
- c. I may not operate the business for which this application is made at any address other than the one listed on this application (additional locations or a change in location requires a separate license and must be applied for and issued before opening for business);
- d. I am responsible for maintaining a current and active business license applicable to the operation of the business at this location including the timely renewal of the business license that expires on each April 30;
- e. I will make sure that monthly city tax returns are filed and paid on or before the monthly Due Date if the business sells lodging, admissions to Branson entertainment venues, food and/or beverages that are consumable on the premises, or cigarettes;
- f. I agree to operate the business in accordance to all city ordinances and state laws that affect our business operation and conduct;
- g. I acknowledge by my signature on this form that I accept responsibility for service of any citation issued by the city for any violations of the Branson Municipal Code;
- h. If required to maintain a tourism tax deposit, I authorize all owed tourism taxes, penalties, and related interest to be deducted from the deposit at the time the business ceases operation at the licensed location;
- i. I accept on behalf of the business, the conditions contained herein and am subject to such rules and regulations as may at any time be adopted or enacted by the City Council of the City of Branson and specifically agree to observe and keep all of the provisions of such ordinances.

Responsible Party Signature:	Date Signed:
Responsible Party Printed Name:	Phone #:
Responsible Party Title:	E-Mail:

19.							
0-2	\$50.00	11-15	\$125.00	26-30	\$ 200.00	51-MORE	\$300.00
3-5	\$75.00	16-20	\$150.00	31-40	\$ 225.00		
6-10	\$100.00	21-25	\$175.00	41-50	\$ 250.00		
Estimated Number of Employees Working on Busiest Day in the Next 12 Months*							<input type="text"/>
Flea Markets: \$100.00							
*Each two part-time employees (20 hours/week or less) equal one full time employee in regards to the fee schedule							
Branson licensing year runs from May 1 thru April 30							
Annual License Fees may be prorated** For a new business, the license fee is reduced by 50% between Nov. 1 and Jan. 31							
For a new business, the license fee is reduced by 75% between Feb. 1 and Apr. 30							
**Proration is based on application date or opening date (whichever is earlier)							

20. BUILDING & INSPECTION INFORMATION	
Name of Building Owner:	
Telephone Number:	
21. ALARM PERMIT: All security alarm users within the City of Branson are required to apply for an alarm permit with the Police Dept. This business <input type="checkbox"/> Does <input type="checkbox"/> Does Not have an alarm system.	
22. REQUIRED INSPECTIONS: In order to get a business license, the applicant must call both the Branson Fire Department (417-243-2780) and the Building Department (417-337-8505) to schedule the required inspections in order to obtain a business license. The Health Department will contact the applicant if a health inspection is required.	

TOTAL AMOUNT DUE WITH APPLICATION		
23.	Calculated Annual Business License Fee (calculated from item #19 above)	
24.	Reinstatement of Revoked Business License (\$60 fee) - If applicable	
25.	Business License Transfer - Change in Location within 15 working days (\$10 fee)	
26.	City Tourism Tax Deposit (Required for city tourism tax paying businesses)	
27.	Other (Special Fees)	
TOTAL DUE		

CITY TAX DEPOSIT INFORMATION & CALCULATION	
All businesses that will be paying tourism tax will have to maintain an estimated one month of tax liability as a tax deposit with the city. This deposit is refundable upon written request to the Finance Department 45 days following permanent closure of the business or in September each year after 3 years of timely tax payments have been made. All unpaid city tourism taxes, penalties, and related interest will be deducted from the deposit amount before a refund is made. The city's Finance Department will calculate the required Tourism Tax Deposit amount based upon the prior 12 month sales experience of the previous business operators OR the estimated annual sales expected by the business applicant, whichever is higher. The minimum tourism tax deposit is \$100.	
28. Estimated Annual Food & Beverage Sales for this Location	<input type="text"/>
29. Est. Annual Lodging and/or Taxable Ticket Sales for this Location	<input type="text"/>
30. Estimated No. of Months Planned to be Closed in Off Season (If any)	<input type="text"/>
The monthly tax deposit is calculated as 4% of the annual Admissions & Lodging sales (see item # 29 above) plus 1/2% of the annual Food & Beverage Sales (see item # 28 above) divided by the estimated # of months the business is planned to be open over the next 12 months OR the average monthly tax liability of the previous business (if a similar business) at the location.	

BRANSON POLICE DEPARTMENT
EMERGENCY CONTACT INFORMATION
(BUSINESS/RESIDENTIAL ALARM INFORMATION)

DATE: _____

BUSINESS/RESIDENCE NAME: _____

PHYSICAL ADDRESS: _____

PHONE: _____ FAX/E-MAIL _____

OWNER'S NAME: _____ OWNER'S PHONE: _____

NORMAL SUMMER HOURS: _____ NORMAL WINTER HOURS: _____

BELOW, PLEASE CHECK AND ANSWER ALL QUESTIONS THAT APPLY TO YOUR BUSINESS/RESIDENCE:

BUSINESS () TYPE OF BUSINESS: _____ ALARM COMPANY: _____

RESIDENCE () # OF RESIDENTS: _____ ALARM CO. PHONE: _____

OTHER () **(ADVISE ALARM COMPANIES TO CALL 417-334-3300 FOR POLICE AND FIRE)**

BELOW, LIST AT LEAST THREE PEOPLE RESPONSIBLE FOR RESPONDING AFTER BUSINESS HOURS:

(PLEASE FILL OUT ALL FIELDS FOR CONTACTS)

NAME	ADDRESS	PHONE	TITLE

FOR OFFICE USE ONLY:

BUSINESS LICENSE NUMBER: _____

RECEIVED DATE: _____