

City of Nevada  
Occupation and Merchant License Application  
110 South Ash Nevada, MO 64772  
P 417-448-5115 F 417-381-1938 www.nevadamo.gov

**SECTION 1**

\_\_\_\_\_  
Name of Corporation or LLC Doing Business As

\_\_\_\_\_  
Local Business Street Address City State & Zip

\_\_\_\_\_  
Mailing Address (if different) City State & Zip

\_\_\_\_\_  
Local Business Phone Local Business Fax Website

**SECTION 2**

List owners, partners or corporate officers (attach additional sheet if required):

\_\_\_\_\_  
Name and Title: Home Address: Phone Number:

\_\_\_\_\_  
Person making application is: Owner \_\_\_\_ Manager \_\_\_\_ Agent \_\_\_\_

\_\_\_\_\_  
Applicant Full Name and Title Applicant Phone Number

\_\_\_\_\_  
Date of Birth Social Security Number Driver's License and Issuing State

\_\_\_\_\_  
Home address City State & Zip

**SECTION 3**

**Business Description:** Give a concise description of the business to be conducted including products and/or services provided. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the application to be rejected.

**SECTION 4**

**Retail Sales Only:** Do you sell any products: Yes \_\_\_\_ No \_\_\_\_ Do you charge sales tax: Yes \_\_\_\_ No \_\_\_\_

The amount of all merchandise at cost, held by the above named business, for sale is declared to be \$\_\_\_\_\_. I understand that my City of Nevada Merchant's license for next year will be based on this true and accurate figure.

**SECTION 5**

**Door-to-Door Only:** Will you go door-to-door: Yes \_\_\_ No \_\_\_ Number of persons going door-to-door: \_\_\_\_\_

List dates you plan to go door-to-door: \_\_\_\_\_

If the work or goods you sell will not be done by your immediate employer, state the name and address of the entity that will provide the goods or services:

Business Name Business Phone Business Fax

Business Street Address City State & Zip

**SECTION 6**

I hereby certify that the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Nevada. I also acknowledge that this is only an application and is not approval for me to conduct business within the City of Nevada, Missouri.

Applicant Signature

Date

Printed Name

**Required Attachments:**

1. All businesses located inside city limits:
  - Business paid personal property tax statement
  - Vernon County Assessor Certificate of No Tax Due (new businesses established after January 1)
- 2 Retailers:
  - Missouri Retail Sales License (new applications only)
  - Missouri Certificate of No Sales Tax Due
3. Food Establishments:
  - Health inspection (new applications only)
4. Contractors:
  - Certificate of Workers Compensation Insurance if one or more employees
  - Affidavit of Exemption from Workers Compensation if no employees
  - Certificate of Liability Insurance (plumbing and electrical contractors only)
  - Plumbing, Electrical and HVAC only- submit a list of all master, journeyman and apprentices
5. Door-to-Door:
  - List all persons going door-to-door: home address, home phone number and criminal history for the past 7 years.
  - Criminal history: month, year and court jurisdiction for each infraction of traffic, misdemeanor and felony convictions
  - Submit a copy of all persons valid driver's license
  - Background check reports for all persons: Missouri State Highway Patrol website- [www.mshp.dps.missouri.gov](http://www.mshp.dps.missouri.gov)
  - Fingerprints for all persons – Nevada Police Department 417-448-5100
  - Listing of all vehicles: year, make, model, color license plate and state. and license plates

Licensing Officer Signature

Date