

Merchant License Application Form for New Merchants



COLLECTOR'S OFFICE
940 N Boonville Ave Rm 107
Springfield, MO 65802
417-868-4036 ☎ | 📠 417-868-4854
countycollector.com
collectorhelp@greencountymo.gov
Mon-Fri 8:00-4:30

Legal Business Name:

Doing Business As (if applicable):

Location Address:

Mailing Address:

Local Business Phone:

Contact Email:

Sales Tax ID:

Business Start Date:

Ownership Type: (Check One)

Sole Proprietor Partnership Corporation

Type of Business: (Check all that apply)

Retail Wholesale Service

Business Description: _____

Ownership Information: If ownership is sole proprietor, complete line 1. If a partnership, list all partners. If corporation, list principal officers. Use an additional page if needed.

| | Name | Home Address | Phone |
|----|-------|--------------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |

I certify that the above information is correct:

Owner or other authorized signature

Date

If you are unsure whether your business needs a Merchant License, or if you have any questions regarding this process, please call us and we will be happy to help you.
Once you have filled out this form, you may mail it, email it, fax it, or bring it to our office.

Office use only below this line

Collector

License Number

Date