

Merchant License Application Form for New Merchants



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

Legal Business Name:

Doing Business As (if applicable):

Location Address:

Street _____ City _____ State _____ ZIP _____

Mailing Address:

Street _____ City _____ State _____ ZIP _____

Missouri Sales Tax ID:

Local Business Phone:

Ownership Type: (Check One)

- Sole Proprietor Partnership Corporation

Type of Business: (Check all that apply)

- Retail Wholesale Service

Business Description:

Business Start Date:

Business Email:

Are you taking over a business currently operating at your location address? (Buyout) Yes No

Owner/managing member Information: If ownership is sole proprietor, complete line 1. If a partnership, list all partners. If corporation, list **three** principal officers.

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

I certify that the above information is correct:

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

Please indicate which manner you would prefer to pay the \$25 license fee:

- Payment is enclosed with this form to be mailed to the Collector of Revenue at 940 N Boonville, Springfield, MO 65802.
- I would like to receive a statement for the fee by mail. Payment will be remitted at that time.
- I want to receive the information to pay online!
 - by mail by email: _____

Office use only below this line

Collector

License Number

Date