

# Merchant License Application Form for New Merchants



COLLECTOR'S OFFICE  
940 N Boonville Ave Rm 107  
Springfield, MO 65802  
417-868-4036 | [countycollector.com](http://countycollector.com)  
[collectorhelp@greencountymo.gov](mailto: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:

\_\_\_\_\_  
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 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