City of Osage Beach
1000 City Parkway
Osage Beach, MO 65065
573-302-2000 Phone
573-302-2039 Fax
www.osagebeach.org

Dear Osage Beach Business Owner:

City of Osage Beach Business/Merchant License is attached. Please complete the following steps when applying for a 'new' license or 'renewing' your current license.

- Complete the application on the reverse side.
- Make sure your alternate contact information is complete, (name a nd phone). In case of an emergency the police department may need to contact this individual.
- If this is a NEW license, please include a copy of your State of Missouri Retail Sales Tax License *(Only required if you collect retail sales tax.)* This document should also reflect that your business is registered within the city limits of Osage Beach. (RENEWAL licenses are not required to provide this information.)
- **Include a 'No Tax Due Certificate' from the Missouri Department of Revenue. You may contact the department by calling 573-751-9268. *(Only required if you collect retail sales tax)***
- Include your **$50.00** payment. Checks may be made payable to the *City of Osage Beach.*

Mail your completed application, retail sales tax license, no tax due certificate, and payment to:

City of Osage Beach
Attn: City Clerk
1000 City Parkway
Osage Beach, MO 65065

EASY ONLINE BILL PAY INSTRUCTIONS

www.osagebeach.org
- ✓ Online Bill Pay
  - ➢ Easy Pay
    - ➢ Licensing
      - ➢ License (Business/Contractor/Misc.)
        - ➢ Fill out all required fields.
          - ➢ Select Payment Method

****** All Business Licenses Expire on April 30 ******

There is a fee of $50.00 for this license. Any license that remains unpaid thirty days after it becomes due and payable shall be subject to a penalty of 5% of the amount due on the license with an additional 5% for each additional month or fraction thereof, not to exceed 25% in the aggregate.

Incomplete applications *will be returned* so please answer all questions. If a question is not applicable, please indicate *'n/a'.* If you need assistance in completing the application, please call the City Clerk's office at 573/302-2000, ext. 1020 and we will be happy to assist you.

Sincerely,

Tara Berreth

Tara Berreth, City Clerk

Enc.

City of Osage Beach
1000 City Parkway
Osage Beach, MO 65065
573-302-2000 Phone
573-302-2039 Fax
www.osagebeach.org

FOR OFFICE USE ONLY

Sewer Dept:_____

Building Dept: _____

Planning Dept:_____

Business License #:_____

BUSINESS/MERCHANT LICENSE APPLICATION

All Business Licenses Expire on April 30th.

$50.00 Fee

Email to CityClerkTeam@OsageBeach.org

Business Name: _____ Business Phone #: _____

Ownership status: _____Individual _____Partnership _____Corporation _____LLC

Business Street Address: _____

Business Mailing Address: _____ City: _____ State:_____Zip: _____

Business Owner Name:_____ Owner Phone #:_____

Owner Mailing Address: _____City: _____ State:_____Zip: _____

Manager/Emergency Contact:_____ Phone #:_____

Business Hours of Operation:_____ Approx. # of Employees: _____

Business website:_____ E-mail:_____

****Please check if the city may share this information with other local entities. _____**

Type of Business: _____Entertainment _____Healthcare _____Retail

_____ Financial Services _____ Massage _____Services

_____ Food Sales _____Real Estate _____Solicitor

_____Gas/Convenience _____Other

Please describe in detail your business: _____

_____

Missouri Sales Tax ID# (Attach Copy)_____ (Only if required to collect retail sales tax)

Applicant Signature:_____ Date:_____

City of Osage Beach
1000 City Parkway
Osage Beach, MO 65065
573-302-2000 Phone
573-302-2039 Fax
www.osagebeach.org

Police/Fire Department Contact Information

Business Name: _____ Date: _____

Address: _____ Phone Number: _____

Owner Name: _____ Owner Phone Number: _____

Manager Name: _____ Manager Phone Number: _____

Additional Keyholder Name: _____ Keyholder Phone Number: _____

Additional Keyholder Name: _____ Keyholder Phone Number: _____

Alarm Company Contact Information

Alarm Company Name: _____

Address: _____ Phone Number: _____

Contact Name: _____ Fax Number: _____

Type of Alarm: (Check All That Apply) ☐ Burglary ☐ Fire ☐ Panic

Any other information that departments may need: (examples- Hazardous Materials stored on site, Ammunitions, etc..)

_____

_____

_____

Please Contact the Communication Office at the Police Department and advise of any changes in information at 573-302-2010.

Return to:
911 Center
1000 City Parkway
Osage Beach, MO 65065