



BUSINESS REGISTRATION RENEWAL

P.O. Box 295 Ozark, Missouri 65721
(417) 581-2407 Fax (417) 581-0353

Business Information

Please print legibly in black or blue ink.

Business Name: _____

Business Address: _____
City State Zip

Business Owner's Name: _____ Phone Number: _____

Email Address: _____ Fax Number: _____

Mailing Address: _____
City State Zip

Is this a home occupation? Yes ___ No ___

Business Hours

MON ___ to ___ TUE ___ to ___ WED ___ to ___ THUR ___ to ___

FRI ___ to ___ SAT ___ to ___ SUN ___ to ___

Key Holder Contacts Outside Normal Business Hours

Please list emergency contacts in the order they should be called in the event of any emergency.

Name: _____ PH 1: _____ PH 2: _____

Name: _____ PH 1: _____ PH 2: _____

Name: _____ PH 1: _____ PH 2: _____

Property Owner: _____ PH 1: _____ PH 2: _____

List any additional contacts on a separate sheet.

Alarm Company: _____ Phone: _____

Alarm ID: _____

Safety Information:

Please list any Hazardous Materials and their location in the business or Safety Issues that may affect First Responders: _____

Yearly Business Registration Fee: \$45.00
Delinquent After: January 31

I have read, and/or understand the Business Registration requirements & will abide by all such regulations.

Signature of Applicant: _____

Print Name: _____ Date: _____