



BUSINESS REGISTRATION APPLICATION

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

Type of Business: Office ___ Retail ___ MFG ___ Warehouse ___ Service ___ Other ___

Check one of the following: Corporation ___ Partnership ___ Individual/Partnership ___

Description of Business: _____

Sales Tax Exempt: (YES) (NO)

Sales Tax ID#: (8 Digit) _____ FEIN#: _____ - _____

How many employees do you employ? Fulltime _____ Part-time _____

Is this a home occupation? Yes ___ No ___

If yes, fill out page 3 & 4 as well.

Property Information

Property Owner/Landlord: _____ Phone: _____

Address: _____
City State Zip

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: _____



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911 EMERGENCY INFORMATION

Business Information

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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 ___

Property Information

Property Owner / Land Lord: _____

Address: _____

City State Zip

Phone Number: _____

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: _____

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: _____



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Home Occupation Questionnaire

Under limited circumstance Home Based Business occupations are allowed in a residential zoning district. The definition of such an occupation is as follows:

Home Occupation: An activity carried out for compensation in a residential dwelling unit.

Please answer the following as they relate to your business:

Hours of business operation: From ____ to ____ Days of operation _____

1. Will you sell products in conjunction with your business? Yes ____ No ____

If yes, answer the following:

	Yes / No	
Are products sold through mail order only?	_____	_____
Are all products delivered to customer location?	_____	_____
Will products be made at your home?	_____	_____
Are the products delivered to your home?	_____	_____
Do deliveries occur more than once a week?	_____	_____
Is product direct shipped from Mfg. to customer?	_____	_____

If deliveries of materials, supplies, etc. to residence occur more than once a week or are delivered by service other than the normal residential UPS, FEDEX or similar parcel service, please explain:

2. Will you store merchandise or equipment in conjunction with your business? Yes ____ No ____

If yes, answer the following:

	Yes / No	
Is merchandise/equipment stored at your home?	_____	_____
Is all storage inside your home?	_____	_____
Is a home accessory building used for storage?	_____	_____
Do you store items outside at your home?	_____	_____
Construction equipment stored at your home?	_____	_____
Trailer used in business stored at your home?	_____	_____

If equipment other than hand carried tools are used in the business, explain where they are stored (commercial location required).



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3. Will you have customers come to your residence? Yes ___ No ___

If so, more than 1 customer at a time Yes ___ No ___

If so, more than 4 customers daily Yes ___ No ___

Is there a waiting area in your home for customers? Yes ___ No ___

Is customer contact by phone or mail only? Yes ___ No ___

If more than 4 customers come to your home in one day, note how many and explain:

4. Will you have employees in your business? Yes ___ No ___

If so, how many? _____

If so, are they related either by blood, marriage, adoption, or custodial relations? _____

Are said employees living in the home of said occupation? _____

Add any notes necessary to explain the questions above: _____

6. Will you use a vehicle or vehicles in the operation of your business? Yes ___ No ___

If yes, answer the following:

How many vehicles will be used in the business? _____

Is the vehicle you use your personal vehicle? Yes ___ No ___

Is the vehicle rated one ton or more? Yes ___ No ___

Is there advertising on the vehicle? Yes ___ No ___

Is the vehicle used stored at your residence? Yes ___ No ___

Do you store the vehicle at commercial location? Yes ___ No ___

If vehicles used in business are one ton or more, where are they stored (commercial location required)
