

City of Lanagan Business License Application

205 Forest Street | PO Box 16 | Lanagan, MO 64847
Phone: (417) 436-2226 | Fax: (417) 436-4774 | lanagan64847@gmail.com

Company Information

Date of Application: _____
Business Name: _____
Owner (s): _____
Business Email Address: _____
Business Address: _____
Mailing Address: _____
Type of Business: _____

Applicant Information

Name & Title: _____ SSN: _____
Phone: _____ Alt. Phone: _____

*****Under State Law, Employers as defined under Ch.287.030, RSMo., are required to have Worker's Compensation Insurance if you have 5 or more employees, or if you are a construction company with 1 or more employees. Proof of current Insurance must be on file with the City before a License will be issued. All DBAs, LLCs and Corporations will be verified through the State. *****

Item required with application:

1. Copy of Missouri Sales Tax License
2. Copy of Statement from Missouri Department of Revenue stating no tax is due (if applicable)
3. Copy of McDonald County Business License
4. Copy of Proof of Insurance (if applicable, as stated above)
5. Business Plan

Applications and business licenses are valid for one (1) year only. A new application must be submitted each year.

I certify that all the information provided is true and correct. I authorize the City of Lanagan to perform a background check and verify the status of my business.

Applicant Signature: _____ Date: _____