

City of Lanagan Business License Application

205 Forrest Street PO Box 16 Lanagan, MO 64847

Phone: (417) 436-2226 Fax: (417) 436-4774

Email: lanagan64847@gmail.com

Company Information

Business Name: _____

Owner (s): _____

Business Address: _____

Mailing Address: _____

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. Proof of current Insurance must be on file with the City before a License will be issued.****

Applicant Signature _____

Date: _____

City Information Sheet

Name of Business: _____

License Granted: _____ Lic. No _____

If No, why? _____

Date Granted: _____

Renewal License: _____

Insurance Attached: Yes No

Exempt (reason): _____

Fee Paid: \$ _____ Check Cash