



City Of Duquesne
 1501 S. Duquesne * Joplin, Mo. 64801
 417-781-5085 * Fax 417-781-4652

Business License / Contractor License Application

New Applicant Renewal Year: _____ Date of application: _____

Business Name: _____ Business Phone #: _____

Physical Address: _____ City, St., Zip: _____

Mailing Address: _____ City, St., Zip: _____

Email Address: _____

Type: Corporation LLC Partnership Individual Fax Phone #: _____

Choose one: Wholesale Retail Manufacturing Labor/Service Only Other: _____

Owner Name: _____ Phone #: _____

Address: _____ City, St., Zip: _____

Federal ID #: _____ State ID#: _____ # Years in Business: _____

Missouri Sales Tax #: _____ (If collecting any tax)

Department of Revenue "No Tax Due" Statement returned with renewal/received with new applicant.

**Copy of General Liability & Worker's Comp (if applicable) assigned to "City of Duquesne".
 Can be faxed to 417-781-4652 or emailed to cityclerk@duquesnemo.org**

Fee: Business

- Business location other than residence (\$50)
- Home-Based at personal residence (\$50)
- Mobile Home Park / Peddler (\$50)
- Other: _____ (\$50)

Contractor

- Licensed Building Contractor (\$50)
- Licensed Electrician (\$50)
- Licensed Plumber (\$50)
- Licensed HVAC Contractor (\$50)
- Other: (Be specific) _____ (\$50)

Description of Business: (ie. Clothing retail, insurance, eatery, masonry, roofer) _____

Owner Signature: _____ **Date:** _____

City Use Only		
Date Received: _____	Paid by check #: _____	Paid by Cash _____ Amount \$ _____
License #: _____	Receipt #: _____	License Sent/Date: _____
Comment: _____		
Approved Date: _____	License issued by: _____, City Clerk	