



110 W. Maddux St. Suite 215
 Branson, Missouri 65616
 P: 417-337-8551 option 1
 E: businesslicense@bransonmo.gov

Department Date Stamp

BUSINESS LICENSE APPLICATION (Type or Print)

1. Purpose of Application	<input type="checkbox"/> New Business	<input type="checkbox"/> Change in Ownership
<input type="checkbox"/> Change in Location	<input type="checkbox"/> Reinstate Revoked License	<input type="checkbox"/> Business Name Change

2. Corporation or LLC Name (Legal Name)	Est. Opening Date
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3. Doing Business As - NAME of BUSINESS
 (Must Match Signage)

4. Contact Person Regarding Application	Telephone	E-Mail
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5. Local Bus. Phone	6. Local Fax	7. Bus. E-mail
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8. Natl. Office Phone	9. Natl. Fax	10. Natl. E-Mail
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11. Business Address	12. Mailing Address (if different from business address)
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Street:

City, State, Zip:

13. Type of Ownership	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Limited Liability Company (LLC)	<input type="checkbox"/> Corporation

14. NAMES of OWNERS, PARTNERS, LLC MEMBERS, OFFICERS (List below - provide add-on sheet if needed)

Name:	Title:	Phone Number:
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Home Address:

Name:	Title:	Phone Number:
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Home Address:

15. Business Description: Give a concise description of the business to be conducted. Be certain that the types of business transactions to be conducted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the license to be rejected or revoked.

16. Federal Employer ID # (FEIN)	17. Missouri Retail Sales License Number: _____ <small>(A copy of this document will be required before a license will be issued) <input type="checkbox"/> Applied for <input type="checkbox"/> Not applicable</small>
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18. RESPONSIBLE PARTY CERTIFICATION (Recommended to be signed by the local manager or owner that is responsible for the conduct of the business at the location to be licensed) - The individual signing this document must provide a copy of a current driver's license or other current government issued identification.

I (the undersigned) have answered all questions on the application, and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make application and certify the information on its behalf. **I will notify the city if I leave the employment of the business being licensed or no longer function as it's Responsible Party.** On behalf of the business, I acknowledge and agree to the following conditions related to the conduct of the business:

- a. Our business cannot commence operations in Branson until a city business license is issued. A license cannot be issued until the required department approvals have been obtained, fees have been paid, and a copy of a Mo. Department of Revenue Retail Sales License for the licensed location has been provided (if applicable);
- b. I must notify Business Licensing in writing of any change in business name, address, ownership, or Responsible Party;
- c. I may not operate the business for which this application is made at any address other than the one listed on this application (additional locations or a change in location requires a separate license and must be applied for and issued before opening for business);
- d. I am responsible for maintaining a current and active business license applicable to the operation of the business at this location including the timely renewal of the business license;
- e. I will make sure that monthly city tax returns are filed and paid on or before the monthly Due Date if the business sells lodging, admissions to Branson entertainment venues, food and/or beverages that are consumable on the premises, or cigarettes;
- f. I agree to operate the business in accordance to all city ordinances and state laws that affect our business operation and conduct;
- g. I acknowledge by my signature on this form that I accept responsibility for service of any citation issued by the city for any violations of the Branson Municipal Code;
- h. If required to maintain a tourism tax deposit, I authorize all owed tourism taxes, penalties, and related interest to be deducted from the deposit at the time the business ceases operation at the licensed location;
- i. I accept on behalf of the business, the conditions contained herein and am subject to such rules and regulations as may at any time be adopted or enacted by the City Council of the City of Branson and specifically agree to observe and keep all of the provisions of such ordinances.

Responsible Party Signature:	Date Signed:
Responsible Party Printed Name:	Phone #:
Responsible Party Title:	E-Mail:

TOURISM TAX BOND

I understand that Pursuant to RSMO §657.080, every person engaged in the business of operating a hotel, motel, condominium unit, timeshare interest in condominiums, campground, tourist court, food or drink restaurant or who participate in the business of selling drinks for consumption shall file a tourism tax return with the finance department. Applicants who engage in such business will be required to post and maintain a one-month tourism tax deposit with the city's finance department before a business license may be issued or before a revoked business license may be reinstated.

(X) SIGNATURE: _____

19. License Fee

0-2	\$50.00	11-15	\$125.00	26-30	\$ 200.00	51-MORE	\$300.00
3-5	\$75.00	16-20	\$150.00	31-40	\$ 225.00		
6-10	\$100.00	21-25	\$175.00	41-50	\$ 250.00	Flea Markets	\$100.00

Estimated Number of Employees Working on Busiest Day in the Next 12 Months:*

*Each two part-time employees (20 hours/week or less) equal one full time employee in regards to the fee schedule

The licensing year runs from May 1 thru April 30 for most businesses.

For lodging establishments, the license year runs from November 1 thru October 31.

*Lodging Establishments: Hotels/Motels and Resorts; businesses that are required to have a State of Missouri Lodging License

Annual license fee may be prorated, please note that proration is based on the application date or opening date, whichever is earlier.

For Most Businesses:

License fee is reduced by 50% between Nov. 1 and Jan. 31

License fee is reduced by 75% between Feb. 1 and Apr. 31

For Lodging Establishments:

License fee is reduced by 50% between May 1 and Jul. 31

License fee is reduced by 75% between Aug. 1 and Oct. 31

20. ALARM PERMIT: Please complete attached Business/Residential Alarm Information Form.

21. REQUIRED INSPECTIONS: The applicant must call the Branson Fire Department (417-545-0581) or email fireprevention@bransonmo.gov to schedule the required inspections in order to obtain a business license. The Health Department (417-334-4544 ext. 593) will contact the applicant if a health inspection is required.

TOTAL AMOUNT DUE WITH APPLICATION

22.	Calculated Annual Business License Fee (calculated from item #19 above)	
23.	Reinstatement of Revoked Business License (\$60 fee) - If applicable	
24.	Business License Transfer - Change in Location within 15 working days (\$10 fee)	
25.	Other (Special Fees)	

*Please note: a convenience fee of 2.75% will be applied to all credit card transactions. **Total Due**



CITY OF BRANSON POLICE AND FIRE DEPARTMENTS



EMERGENCY CONTACT INFORMATION

(BUSINESS/RESIDENTIAL ALARM INFORMATION/PERMIT)

SHORT TERM RENTALS MUST FILL OUT ONE FORM PER ADDRESS

DATE: _____

BUSINESS/RESIDENCE NAME: _____

ADDRESS _____

PHONE: _____ FAX: _____ EMAIL: _____

OWNER'S NAME: _____ OWNER'S PHONE: _____

NORMAL SUMMER HOURS: _____ NORMAL WINTER HOURS: _____

BELOW, PLEASE CHECK AND ANSWER ALL QUESTIONS THAT APPLY TO YOUR BUSINESS/RESIDENCE:

BUSINESS () TYPE OF BUSINESS _____ ALARM COMPANY: _____

RESIDENCE () # OF RESIDENTS _____ ALARM CO. PHONE: _____

OTHER () **(ADVISE ALARM COMPANIES TO CALL 417-334-3300 FOR POLICE AND FIRE)**

DOES YOUR BUSINESS HAVE VIDEO SURVEILLANCE? () INSIDE () OUTSIDE

BELOW, LIST AT LEAST THREE PEOPLE RESPONSIBLE FOR RESPONDING AFTER BUSINESS HOURS (Key Holders):

(Please fill out all fields for contacts)

NAME	PHONE
1.	
2.	
3.	
4.	

VOLUNTARY CONSENT TO SEARCH PREMISES:

Upon responding to an alarm/call/observance of an open door-window, or other evidence of unauthorized entrance at the above listed business/residence, I give my consent as owner, operator or agent of said business/ residence for the Branson Police Department to enter the above business/residence and search for intruders or evidence of unlawful entry. THIS WRITTEN PERMISSION IS BEING GIVEN TO THE BRANSON POLICE DEPARTMENT KNOWINGLY, VOLUNTARILY AND WITHOUT THREATS OR PROMISES OF ANY KIND AFTER BEING MADE FULLY AWARE OF THE CONSTITUTIONAL RIGHT TO NOT HAVE A SEARCH MADE OF SAID BUSINESS OR RESIDENCE.

___ I consent to the search

___ I do not wish to consent

SIGNATURE: _____ TITLE _____ DATE _____