



City of Webb City

* PO Box 30 * 200 Main Street * Webb City, Missouri 64870

Office of The Collector 417-673-4064 Fax – 417-673-8228

APPLICATION FOR CITY LICENSE

DO NOT FILL IN BOXED AREA

Type of Business _____	
Zoning _____	Customary Home Occupation _____
Use Upon Review Required: ____ YES ____ NO	Sign Permit _____
Special Use Permit or Zoning required: ____ YES ____ NO	Occupancy Permit _____
PASSED AND APPROVED BY _____	DATE _____
MUST BE APPROVED BEFORE LICENSE CAN BE ISSUED	

Business Name _____

Business Address _____

Mailing Address _____

Phone Number _____ Cell Number _____ Fax Number _____

Owners Name _____

Owners Address _____
(If different from above)

Manager Name _____

Missouri Sales Tax Number _____

County Health Inspection _____
(If required)

Signature: _____ Date: _____