

Village of



957 Indian Point Road  
Branson, Missouri 65616 417-338-5599 Fax 417-338-5279  
(Check Payable to Village of Indian Point) \$50 + Link fee

### Business License Application-New Business

Please fill out every line

Business Operating Name \_\_\_\_\_ Phone# \_\_\_\_\_

Street Address(s) on Indian Pt \_\_\_\_\_ Email \_\_\_\_\_  
(Please show all IP Locations or attach sheet with list of all addresses)

Owner(s) Name \_\_\_\_\_ Legal Business Name \_\_\_\_\_

Owner(s) Home Address\* \_\_\_\_\_  
(Please show all Owners Addresses or attach sheet with list of all addresses)

Owner Phone# (if different) \_\_\_\_\_ Owner E-mail \_\_\_\_\_

Local Contact Name (if not owner) \_\_\_\_\_ Phone \_\_\_\_\_

Business Type \_\_\_\_\_ State Tax ID# \_\_\_\_\_

Business Website Address \_\_\_\_\_ Village Website Circle Choice Below:  
\$50/year OR \$150 for Lifetime link. Please add \$50 or \$150 to \$50 license fee for check payment amount

Total Payment Enclosed \$ \_\_\_\_\_

(if LODGING\*): # of Units \_\_\_\_\_ # of Beds or Sleeps# \_\_\_\_\_ # of Parking Spaces \_\_\_\_\_

**\*LODGING: This data is helpful to measure potential economic impact of IP Businesses for number of visitors on Indian Point.**

Note: Licenses will be mailed to the Owners address.

**Please complete all information on the back of the application before signing. Nightly Rental Owners must enter PRIMARY EMERGENCY CONTACT INFO –If the Owner is not a local resident, we must have a local area Contact as a responsible party to be available in case of an actual Emergency.**

(OVER)

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**Office Use Only:**

Date Application Rec'd \_\_\_\_\_ No Tax Due \_\_\_\_\_ Sales Tax License \_\_\_\_\_ Co. Health Dept \_\_\_\_\_

Fire Dept. Permit \_\_\_\_\_ Fees paid date: \_\_\_\_\_ (Cash \_\_\_\_\_ Check# \_\_\_\_\_) Website Link \$ \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Owner signed \_\_\_\_\_

License Number Issued 20- \_\_\_\_\_ Date License Issued / Mailed \_\_\_\_\_  
Issued Mailed

\_\_\_\_\_  
Suzy Anglim, Village Clerk

**ALARM COMPANY INFORMATION FOR LAW ENFORCEMENT:**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Name your business is known as \_\_\_\_\_

Details or Other Information (Include any usual things such as lights that are routinely left on, Guard Dog on duty, ETC.)

\_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY CONTACT INFORMATION  
THIS INFORMATION IS REQUIRED FOR ANY RENTAL UNIT**

Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Home Address \_\_\_\_\_

I CERTIFY THE INFORMATION IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

\_\_\_\_\_  
Owner's Printed Name

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date