

Village of

INDIAN POINT
Business License Application

Business Operating Name _____ Phone# _____

(Please show all IP Locations or attach sheet with list of all addresses)

Street Addresses on Indian Pt _____ Email _____

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 License Fee \$50.00

Total Payment Enclosed \$ _____

____ By checking this statement, I attest that I am in compliance with all Village of Indian Point and Planning & Zoning Ordinances, as well as, all rules and regulations and requirements of my subdivision and local associations.

Note: License will be mailed to the Owners address, unless otherwise specified.

Please complete all information on the back of the application before signing. Business 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)

===== Office Use Only

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

Fire Dept. Permit _____ Fees paid: _____ (Cash _____ Check# _____)

Emergency Contact _____ Owner signed _____

License Number Issued 23- _____ Date License Issued / Mailed _____

Issued

Mailed

Diana Galloway
Business License Administrator

Village of Indian Point
957 Indian Point Road
Branson, Mo 65616
417-338-5599
Office@indianpoint-mo.gov

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

Name: _____ Phone Number _____

Cell Phone _____ Email _____

Local Address _____

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

Owner's Printed Name

Owner's Signature

Date