Dear Business Owners,

Please fill out the application and return to city hall with the fee of \$35.00 and a Certificate of No Tax Due by June 30, 20.

State law, section 144.083, RSMo, requires businesses to demonstrate they are compliant with state sales and withholding tax laws before they can receive or obtain certain licenses that are required to conduct business in the state.

If you are selling retail: example cars, make up etc., for another agent, you are required to have an active sales tax number.

Note, a business that has NO retail sales is NOT required by section 144.083, RSMo, to present a Certificate of No Tax Due in order to obtain or renew its license.

To obtain a Certificate of No Tax Due:

https://dor.mo.gov/taxation/business/filing-payment/no-tax-due/

Business Owners

- A business owner can enter their Missouri Tax Identification Number and PIN. If you cannot locate your PIN on a previous notice issued by the Department, you may call 573-751-7200.
- The Online No Tax Due system will access our tax system, determine whether the business is in compliance and provide instantly:
 - A Certificate of No Tax Due. The business owner can print their own Certificate of No Tax Due to provide to the political subdivision or state agency; or
 - A message directing the business owner to contact the Department of Revenue to obtain a Certificate of No Tax Due if one cannot be issued through the Online No Tax Due system because a business is not in full compliance.

Missouri Department of Revenue * Taxation Division * PO Box 3666 * Jefferson City, MO 65105-3666 Fax: 573-522-1265 * Telephone: 573-751-9268 * Email: taxclearance@dor.mo.gov

Mail payment, application and certificate to: City of Lancaster, PO Box 477, Lancaster MO 63548.

If you have any questions please contact city hall at 457-3022.

Thank you,

Margaret Reynolds, City Clerk

CITY OF LANCASTER

Application for City Merchants License July 1, 20___ thru June 30, 20___

Lancaster City Merchant License fee is \$35.00

Please include a no tax due certificate with your application, as it applies to your business.

| Date of Application: | | |
|--|--------|------------|
| Establishment Street Address: | | |
| Business Name: | | |
| Mailing Address: | | |
| Business/Cell Number: | | E-mail |
| Owner's Full Legal Name(s): | | |
| Home/Business# | Cell # | Sales Tax# |
| Description of Business Type: | | |
| | | |
| Signature of Owner | | |
| Mail payment and application to: City of Lancaster, PO Box 477, Lancaster MO 63548. | | |
| If you have any questions please contact Margaret Reynolds at city hall 660/457-3022 | | |
| This form is also located on the city website: https://lancastermo.com/business-licenses-and-permits | | |
| If you would like to receive this notice via email please check the box | | |
| Contact information if different than above: | | |
| Name | Pho | one Number |
| Email_ | | |