



**Return to:**  
Office of the City Collector's  
320 Broadway Hannibal, MO 63401  
Ph. (573) 221-0111  
Fax (573) 221-8191

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**TAXI CAB LICENSE - CITY OF HANNIBAL, MO**

Name (Please Print): \_\_\_\_\_  
(Last) (Middle) (First)

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

**Please submit proof of insurance with this application**

**VEHICLE 1**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ State License Number: \_\_\_\_\_

Engine Number: \_\_\_\_\_ Factory Number: \_\_\_\_\_

**VEHICLE 2**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ State License Number: \_\_\_\_\_

Engine Number: \_\_\_\_\_ Factory Number: \_\_\_\_\_

**VEHICLE 3**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ State License Number: \_\_\_\_\_

Engine Number: \_\_\_\_\_ Factory Number: \_\_\_\_\_

**VEHICLE 4**

Make: \_\_\_\_\_ Model: \_\_\_\_\_

Year: \_\_\_\_\_ State License Number: \_\_\_\_\_

Engine Number: \_\_\_\_\_ Factory Number: \_\_\_\_\_

**(Internal Use Only)**

Application approved by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_



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## Business License Application

License Number: \_\_\_\_\_ Fee: \_\_\_\_\_ Date: \_\_\_\_\_

### BUSINESS INFORMATION

Name of Business \_\_\_\_\_ Missouri Sales Tax I.D # \_\_\_\_\_

Address/Location of Business \_\_\_\_\_ Mailing Address \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Type and/or Nature of Business (in detail) \_\_\_\_\_

### APPLICANT INFORMATION

Name of Applicant \_\_\_\_\_ Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Driver's License Number \_\_\_\_\_

Applicant is Owner \_\_\_\_\_ Manager \_\_\_\_\_ Agent \_\_\_\_\_ Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

*I hereby certify that all information provided above is true and accurate and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

On this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ before me personally appeared \_\_\_\_\_

known to me to be the individual described in and who executed the foregoing instrument and knowledge to me that he executed the same.

My Commission Expires \_\_\_\_\_

Notary Public \_\_\_\_\_

**Building Department Inspection**  
573-221-0111 (ext 205)

Approved      Disapproved      N/A

Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building, Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Salon Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies W/H1 Dist Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**Fire Department Inspection**  
573-221-0657

Approved      Disapproved      N/A

Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**Marion County Health Department Information**  
573-221-1166

Premises Meets the Requirements of the Marion County Health Department.

Final Approval By: \_\_\_\_\_ Date: \_\_\_\_\_

**REMINDER:**  
**One form of ID is required to meet State requirements which mandate the City's attempt to verify citizenship. Acceptable documents are Birth Certificate, Driver's License, Social Security Card, or Passport.**

## **ATTENTION:** ***BUSINESSES SELLING GOODS AT RETAIL SALES:***

New requirements as of January 1, 2009, as a directive from the State of Missouri, State Statutes (Section 144.083.2 & 144.083.4 RSMo) reads as follows:

The possession of a statement from the department of revenue stating no tax is due shall also be a prerequisite to the issuance or renewal of any city business license required for conducting business where goods are sold at retail. The statement of no tax due shall be dated *no longer than ninety (90) days before the date of the renewal of the city license.*

You may access this information on the DOR's Web site, seven days a week, 24 hours a day.

You will need your Missouri Tax Identification Number and Pin (the Dept. of Revenue has already assigned the PIN # and it can be found on the front of your return or voucher book.)

Go to: [www.dor.mo.gov](http://www.dor.mo.gov)

Scroll down to under "What's New"

Click on \*On-Line License No Tax Due Information

Log into on-line License No Tax Due System

Choose \*Business Owner/Taxpayer

You will be able to print your own Statement of NO Tax Due to use when obtaining or renewing your business license.

NOTE\*\*\*\*If your business does not make retail sales, you are not required to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue  
Taxation Division  
(573) 751.9268