



**Village of Four Seasons**  
**133 Cherokee Road**  
**Four Seasons, MO 65049**  
**Phone: 573-365-3833**  
**[info@villageoffourseasons.com](mailto:info@villageoffourseasons.com)**

**RE: Business License**

Dear Business Owner:

Enclosed is an application for the renewal of your business license. A Business Ordinance requires all businesses operating within the Village limits obtain a license on an annual basis, commencing on January 1, of each year.

Please submit your application with non-refundable application fees of \$20.00.

Applications received later than December 1st, 2024 will not be prorated. A Certificate of No-Tax Due is required by RSMo 144.083 if you collect sales tax. You may contact the Missouri Department of Revenue by calling 573-751-9268.

If you have any further questions do not hesitate to contact this office at the address and/or telephone number listed above. The office hours for the Village of Four Seasons are Monday thru Friday from 8:00 a.m. to 12 p.m. and 1 p.m. to 4 p.m.

Sincerely,

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Danielle Glover, Clerk  
Village of Four Seasons



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## RETURN APPLICATION BY DECEMBER 1ST, 2024.

Business License # \_\_\_\_\_ (office will issue)

Application Fee: \$20.00 payable to The Village of Four Seasons

### VILLAGE OF FOUR SEASONS BUSINESS LICENSE APPLICATION

This business license will be valid until December 31, 2024. Anyone operating business as stipulated in Ordinance 10.19 of the Village of Four Seasons and Section 80.090 and 80.490 RSMo must submit this request completed as required prior to the Trustees approval and the issuing of a business license. If a question is not applicable, indicate N/A. False statements may result in denial or withdrawal of a license and are punishable by law.

Please attach copy of Missouri State Retail Sales Tax License IF you collect sales tax. (If more than one business under same application, furnish a copy of Missouri State Retail Sales Tax License for each business if you collect sales tax.)

Business Name/DBA:(As it will appear on license)\_\_\_\_\_

Issued To: (Owners Name)\_\_\_\_\_

Mailing Address:\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Application: \_\_\_\_\_ Person Completing Application: \_\_\_\_\_

Type of Business: (If more than one business, use separate sheet)\_\_\_\_\_

Is your Worker's Compensation Insurance Certificate Attached? Yes \_\_\_\_\_ No \_\_\_\_\_

Is your General Liability Insurance Certificate Attached? Yes \_\_\_\_\_ No \_\_\_\_\_



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Have you had any business, occupational and/or other licenses suspended and/or revoked in this or any other state? Yes \_\_\_\_\_ No \_\_\_\_\_

If "Yes", explain:

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Business Status: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

If Partnership or Corporation, list Partners or Corporate Officers:

Name(s)	Title(s)	Address	Telephone #
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Missouri Retail Sales Tax #: (For Each Business Listed If Sales Tax Is Collected)

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Issued to Whom: \_\_\_\_\_

**Note to General Contractors: All subcontractors will need to have a business license to approve your permit.**