

# CITY of AURORA

## 2025/2026 Business License Application

ANNUAL LICENSE for JULY 1<sup>ST</sup> thru JUNE 30<sup>th</sup>

Please check the items that apply:

- NEW (\$60.00)       EARLY RENEWAL (\$40.00 prior to June 30<sup>th</sup>)       LATE RENEWAL (\$60.00)  
 MERCHANT       SERVICE PROVIDER       HOME-BASED

NAME OF BUSINESS \_\_\_\_\_ FED/STATE ID # \_\_\_\_\_

STREET ADDRESS OF BUSINESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

MAILING ADDRESS (if different from above) \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

OFFICE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_ CELL NUMBER \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

STATE SALES TAX # (if applicable) \_\_\_\_\_

BRIEF DESCRIPTION OF BUSINESS: \_\_\_\_\_

SEXUALLY ORIENTED BUSINESS OR PRODUCTS?  NO  YES (If YES, please explain on back of form.)

NAME(S) OF BUSINESSES LEGAL OWNER(S) \_\_\_\_\_ HOME ADDRESS, CITY, STATE, AND ZIP CODE \_\_\_\_\_

CONTACT PHONE NUMBER \_\_\_\_\_ DRIVERS LICENSE # (Photocopy Required) \_\_\_\_\_

Home-Based Business: Do you have any wholesale or retail sales of products at residence?  YES  NO

Is work performed away from the residence (Mobile-type business)?  YES  NO

Farmers Market Producer: Do you raise your own produce for resale?  YES  NO

Do you resale produce purchased from other vendors?  YES  NO

Do you sell other items at retail?  YES  NO

**NOTICE To: Merchant, Service Provider and Contractors;**

By signing this application, you affirm that you participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal law to work in the United States. (Missouri House Bill 1549)

Any Businesses selling at retail will be required to submit a copy of "Missouri Sale Tax License", certificate of "No Tax Due Statement" from the Missouri Department of Revenue and a State issued photo ID before a Business License can be issued. Food Establishments are required to submit Annual Health Permit for food services from Lawrence County Health Department.

(Allow 3 to 5 Business Days for processing Application)

Print Applicants Name \_\_\_\_\_ Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

**LICENSE EXPIRES JUNE 30, 2026**

(For office use only)

Community Development Director / Date signed \_\_\_\_\_ City Clerk / Date signed \_\_\_\_\_

Property Zoning \_\_\_\_\_ Information Forms: "No Tax Due Statement" \_\_\_\_\_ Health Permit \_\_\_\_\_

Approved  Denied Payment: Cash \$ \_\_\_\_\_ Check # \_\_\_\_\_ Credit Card \_\_\_\_\_

Issued Date/By \_\_\_\_\_ Received: \_\_\_\_\_ Receipt# \_\_\_\_\_