



# APPLICATION MERCHANT'S LICENSE CRAWFORD COUNTY, MISSOURI

License year January 1 through December 31, 2024  
OTHER LICENSES MAY BE REQUIRED BASED ON CITY ORDINANCES

**Pat Schwent**  
Collector  
Phone: 573-775-2845  
Fax: 573-775-4295

## INFORMATION REGARDING BUSINESS:

MISSOURI STATE SALES TAX NUMBER: \_\_\_\_\_ (REQUIRED)

LEGAL NAME (Corporation/Individual/Company/LLC) \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
For Above (STREET) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ email address: \_\_\_\_\_  
For Above

NAME OF BUSINESS IN CRAWFORD COUNTY: \_\_\_\_\_

LOCATION: \_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_  
For Crawford County Location

MAILING ADDRESS FOR LICENSE RENEWAL:

\_\_\_\_\_  
(STREET) (CITY) (STATE) (ZIP)

NATURE OF BUSINESS: \_\_\_\_\_  
(Retail Clothing, Restaurant, etc.)

WHOLESALE ☐ RETAIL ☐ BOTH ☐

## INFORMATION REGARDING APPLICANT:

APPLICANT IS: OWNER ☐ MANAGER ☐ AGENT ☐

LEGAL NAME OF APPLICANT: \_\_\_\_\_  
(LAST NAME) (FIRST NAME) (MIDDLE INITIAL)

TELEPHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\*Attach payment of **\$25.00**, made payable to Crawford County Collector and return to:

**Crawford County Collector**  
PO Box 250  
Steelville, MO 65565