Dear Business Owner,

Whether you are a new business applying or this is a renewal of a Business License, the City of Winfield would like to take this opportunity to tell you how much we appreciate and thank you for choosing Winfield as the city your business calls home. You are an asset to the residents of Winfield, and your presence in this community is key in helping us provide them with the hometown they love so much. We look forward to this year and are excited to see what it has in store for your business!

You may visit our website winfieldmo.org and simply complete and return your 2025 Business License Application! Just like last year, if there are no changes, just sign and return with any updated supporting documents. However, if anything has changed since last year, please indicate those changes on the renewal application. Please see requirements for supporting documents and fee schedule on the next page.

We ask that you return your renewal, any supporting documents, and fee by December 1, 2024. You will receive your 2025 Business License by December 31, 2024.

Please do not hesitate to contact City Hall or email me if you have any questions during this process.

Respectfully,

**Rachel Shocklee**

Deputy Clerk

Licensing

636-668-8100 ext. 200
deputyclerk@winfieldmo.org

**Requirements for Business License**

Before a Business License can be issued, the following must be provided:

1. A Completed Application
2. All Delinquent Accounts owed to the city must be paid in full.
3. Must provide a current Passed Fire Inspection by Winfield/Foley Fire Protection District (636)566-8406
4. Must provide a Grease Trap Inspection (IF APPLICABLE)

For those Businesses that have a Missouri Retail Sales No., as required by the Director of Revenue, and charge Tax on anything you sell, you will be required to provide the following, in addition to the above requirements.

 **A copy of your County Merchants License**

For those Businesses that serve Food or Drink, you will be required to provide the following, in addition to the above requirements.

**A copy of your County Food Handler’s Certificate**

For those Businesses that have inground irrigation systems, you will be required to provide the following, in addition to the above applicable requirements.

**Backflow Prevention Assembly Test Data & Maintenance Report**

**Fees for License**

0 – 4 Employees $50.00

5 – More Employees $75.00
(Please Note: “Owners” are considered as 1 Employee)

PLEASE SEE NEXT PAGE FOR BUSINESSES EXEMPT FROM FEES

Applications are available via our website [www.winfieldmo.org](http://www.winfieldmo.org) , email or city hall.

City of Winfield

PO Box 59

Winfield, MO 63389
deputyclerk@winfieldmo.org

You may pay with cash, Money Order, credit card or check. Please make checks payable to

City of Winfield

[§ 110-17 **Persons Not to be Charged for Business License.**](https://ecode360.com/39890936#42888004)

*Businesses are still required to submit an application along with supporting documents*

[***A.***](https://ecode360.com/42888011#42888011)

*No person following for a livelihood the profession or calling of minister of the gospel, duly accredited Christian Science practitioner, teacher, professor in a college, priest, lawyer, certified public accountant, dentist, chiropractor, optometrist, chiropodist, or physician or surgeon in this city shall be taxed or made liable to pay any municipal or other corporation tax or license fee of any description whatever for the privilege of following or carrying on such profession or calling, and after December 31, 2003, no investment funds service corporation as defined in Section 143.451, RSMo., may be required to pay any such license fee in excess of $25,000.00 annually, any law, ordinance or charter to the contrary notwithstanding.*

[***B.***](https://ecode360.com/42888010#42888010)

*No person following for a livelihood the profession of insurance agent or broker, veterinarian, architect, professional engineer, land surveyor, auctioneer, or real estate broker or salesman in this City shall be taxed or made liable to pay any municipal or other corporation tax or license fee for the privilege of following or carrying on his/her profession unless that person maintains a business office within the City of Winfield.*

DATE: \_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_

BUSINESS NAME AS YOU WANT IT TO APPEAR ON LICENSE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IS THIS A RENEWAL?\_\_\_\_\_\_\_IF YES, HAS ANYTHING CHANGED FROM PRIOR YEAR?\_\_\_\_\_\_\_\_

**IF NO CHANGES FROM PRIOR YEAR, SIMPLY SIGN, DATE AND RETURN WITH UPDATED SUPPORTING DOCUMENTS.**

**IF NO THIS IS NOT A RENEWAL, PLEASE COMPLETE APPLICATION AND TURN IN WITH THE SUPPORTING DOCUMENTS**.

BUSINESS PHYSICAL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TYPE OF BUSINESS:\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NUMBER OF EMPLOYEES:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE NUMBER OF BUSINESS: ( \_\_ \_\_ \_\_)\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

OWNER/MANAGER/PRESIDENT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNERS HOME ADDRESS:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OWNERS HOME PHONE NUMBER: ( \_\_ \_\_ \_\_)\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

SECONDARY CONTACT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SECONDARY CONTACT PHONE NUMBER: ( \_\_ \_\_ \_\_)\_\_ \_\_ \_\_-\_\_ \_\_ \_\_ \_\_

LIST ALL OTHER CITIES WHERE THE BUSINESS HAS OPERATED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST THREE REFERENCES AND CONTACT INFORMATION:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE LIST ITEMS SOLD OR MANUFACTURED:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MISSOURI TAX ID:\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

FEDERAL TAX ID:\_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_

**I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION/RENEWAL ARE TO THE BEST OF MY KNOWLEDGE CORRECT. SHOULD ANY OF THE STATEMENTS BE SUBSEQUENTLY PROVEN INACCURATE, I UNDERSTAND THE CITY OF WINFIELD, MISSOURI MAY SUSPEND OR REVOKE MY BUSINESS LICENSE.**

SIGNTURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_