



## CITY OF HERMANN

1902 Jefferson Street  
Hermann, MO 65041  
573-486-5400

### Application for Special Event Business License

Please Print Clearly

1. Name Of Business: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
  
Name of Applicant: \_\_\_\_\_  
(IF PARTNERSHIP, NAME OF ALL PARTNERS; IF A CORPORATION, NAME OF PRESIDENT AND CHIEF  
MANAGING OFFICER; IF OTHER ENTITY, NAME OF MANAGING OR RESPONSIBLE PARTY.)  
  
Business Phone Number: \_\_\_\_\_
2. Location of area where you will be selling in Hermann: \_\_\_\_\_  
\_\_\_\_\_
3. The Residence or Registered Officers address: \_\_\_\_\_  
\_\_\_\_\_
4. A description of the business or type of activity to be conducted or transacted: \_\_\_\_\_  
\_\_\_\_\_
5. Missouri sales tax number or copy of exemption letter **(REQUIRED)** \_\_\_\_\_  
IF YOU DO NOT HAVE A SALES TAX NUMBER PLEASE FILL OUT 2643S AND SUBMIT TO THE STATE OF  
MISSOURI (ALLOW AT LEAST 2 TO 3 WEEKS) OR FILL OUT ONLINE AT [HTTPS://DOR.MO.GOV](https://dor.mo.gov) (ALLOW AT  
LEAST 3 DAYS)
6. Name and date of Special Event: \_\_\_\_\_
7. Date you will be selling merchandise: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FEE: \$16.25 per year**

Make check payable to: City of Hermann  
Submit to: City of Hermann  
1902 Jefferson St  
Hermann MO 65041

Please allow a minimum of 3 weeks to submit for processing



# Special Events Forms Guide

	If you <b>HAVE</b> a MO State Tax ID Number	If you <b>DON'T HAVE</b> a MO State Tax ID Number
<b>State of Missouri</b>	After event, fill out MO 53-1 (provided by City) and submit to State of MO (unless keeping outside sales separate)	<p>If over age 65, and it is a handicraft business, must fill out MO 2478 Exemption Certificate for Sales of Handicraft Items and submit to State of MO. *</p> <p>If over age 65, and it is NOT a handicraft business, must fill out MO 2643S and send in to State of MO.</p> <p>If under age 65, must fill out MO 2643S and send in to State of MO. At top left of form, where it says "Missouri Tax I.D. Number (Optional)", leave that blank. Once MO2643S is submitted to State of MO, they will issue you a number.</p> <p>If a vendor from outside State of Missouri, must fill out MO 2643S and submit to State of MO.</p>
<b>City of Hermann</b>	Application for Special Event Business License	<p>Application for Special Event Business License</p> <p>* If over age 65, and it is a handicraft business, submit a copy of MO 2478 Exemption Certificate for Sales of Handicraft Items to City of Hermann.</p> <p>If a non-profit, submit Application for Special Event Business License and a copy of MO Tax Exempt Letter to City of Hermann.</p> <p>If serving alcohol, submit a Caterer's Permit Application</p>

## For Help

Questions Regarding State of Missouri Forms: 573-751-5860, then Option 5, then Option 3.

Questions Regarding City of Hermann Forms: 573-486-5400



Missouri Department of Revenue
Missouri Special Events Application

Department Use Only (MM/DD/YY)

Grid for Department Use Only date entry

Missouri Tax I.D. Number (Optional)

Grid for Missouri Tax I.D. Number

Federal Employer I.D. Number

Grid for Federal Employer I.D. Number

This application is for Individuals or general partnership Special Event vendors who do not make sales in Missouri on a continual basis.

Owner Information

Owner Information section including fields for Owner Name, Street Address, E-mail Address, City, County, State, Zip Code, Mailing Address, Social Security Number, Date of Birth, and Telephone Number.

Event Name & Location

Event Name & Location section including fields for Event Name, Date of Event, Street, Highway, City, County, State, and Zip Code.

Section 3 with checkboxes for sales frequency and applicable months (January through December).

Business Activity

Business Activity section including field 4 (Describe products) and field 5 (Do you make retail sales of the following items?) with checkboxes for various product categories.



6. Partnerships, provide the partners of your business who are responsible for the collection and remittance of tax. Listing individuals here indicates they have direct supervision or control over tax matters. Attach list if needed.

Partners

Name (Last, First, Middle Initial)			
Social Security Number		Date of Birth (MM/DD/YYYY)	
Home Address		Title Begin Date (MM/DD/YYYY)	
City	State	Zip Code	County

Name (Last, First, Middle Initial)			
Social Security Number		Date of Birth (MM/DD/YYYY)	
Home Address		Title Begin Date (MM/DD/YYYY)	
City	State	Zip Code	County

Signature

Comments:

Under penalties of perjury, I declare that the above information and any attached supplement is true, complete, and correct. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Partners section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

Signature	<b>No digital signatures allowed</b>	Title	Date MM/DD/YYYY
Typed or Printed Name		E-mail Address	

**Confidentiality of Tax Records**  
**Missouri Statute 32.057, RSMo**, states that all tax records and information maintained by the Missouri Department of Revenue are confidential. The tax information can only be given to the owner or partner who is listed with us as such. If you wish to give an employee, attorney, or accountant access to your tax information, you must supply the Department with a power of attorney to grant the authority to release confidential information to them. Visit <http://dor.mo.gov/forms> to obtain a Power of Attorney (**Form 2827**).

Form 2643S (Revised 11-2015)

**Mail to:** Taxation Division  
P.O. Box 357  
Jefferson City, MO 65105-0357

**Phone:** (573) 751-5860  
**Fax:** (573) 522-1722  
**E-mail:** [businessstaxregister@dor.mo.gov](mailto:businessstaxregister@dor.mo.gov)

Visit  
<http://dor.mo.gov/business/register/>  
for additional information.



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1. **Owner Name:** Provide Individual name, address, telephone number, social security number and date of birth if a sole proprietor. Provide partnership name for a partnership if applicable). Individuals must supply.  
**Mailing Address:** The Department mails reporting forms as well as confidential and non-confidential correspondence to the mailing address listed.
2. **Event Name:** Indicate the name of the event you are attending, along with the address where the event is held.
3. Check the first box if you plan to attend this event in the upcoming years.  
Check the second box if you plan to attend other events in Missouri. Attach a list of the event name, location and dates for each one.  
If you plan to attend more events in Missouri, check the applicable months. Your account will remain open and you will be responsible for reporting taxes during the months of operation based on your filing frequency requirements. If no sales are made during a tax period, a Sales Tax Return must still be remitted to indicate no sales.
4. List the products you plan to sell at the event and what services will you be providing.
5. If you plan to sell any of the items listed, check the applicable boxes.
6. If you are a sole owner and you completed the "Owner Information" #1, you do not have to complete this section.

**Partnerships:** Identify all partners of your business who are responsible for the collection and remittance of tax. Complete all information for each partner including social security number and date of birth. Your registration will not be complete unless we receive all requested information. Attach a list of partners if you cannot fit them all on this page.

**Signature:** The application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed in the Partners section of this application. The signing party is acknowledging that they have direct supervision or control over tax matters.

