



1902 Jefferson Street, Hermann, MO 65041

**APPLICATION FOR PRIVATE PROPERTY VENDOR  
OPERATIONS DURING A FESTIVAL**

1. Name and address of business/phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and address of proprietor and phone number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date and duration of the intended festival: \_\_\_\_\_  
\_\_\_\_\_

4. Nature of activities to be conducted during such festival: \_\_\_\_\_  
\_\_\_\_\_

**If driving tent stakes, fence post, or for digging of any kind - YOU MUST call 1-800-dig-rite (1-800-344-7483), to be in compliance with State Statute 319.010 and for your personal safety.**

5. List the exact location and size of the private property or facilities for which such permits are sought: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Number of vendor spaces requested to be allotted at each location: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List the provisions to be made by the proprietor for:

A. Off street parking \_\_\_\_\_  
\_\_\_\_\_

B. Public restroom facilities \_\_\_\_\_  
\_\_\_\_\_

C. Crowd and traffic control \_\_\_\_\_  
\_\_\_\_\_

8. Provide sufficient additional information as may be reasonably required by the Board of Alderman to find that the allowance of such vendor operations in the quantity and location requested by the proprietor shall not present an extraordinary risk of harm to the public or unreasonably endanger or interfere with the use of or access to other private property or to public property or facilities: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\*\*\*\*\*

**(City Office Use Only)**

Date application received: \_\_\_\_\_

Date presented to BOA: \_\_\_\_\_

Date of Public Hearing: \_\_\_\_\_

Date BOA approved: \_\_\_\_\_

Date Resolution was adopted: \_\_\_\_\_

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Date



## 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

	<b>If you <b>HAVE</b> a MO State Tax ID Number</b>	<b>If you <b>DON'T HAVE</b> a MO State Tax ID Number</b>
<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



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:** [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@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.

