



CITY OF BRANSON

Finance Department

110 West Maddux St. • Suite 200 • Branson, Missouri 65616
(417) 334-3345 • Fax (417) 335-6042

Temporary License Application Please Fill In All Blanks

Date of Application: _____

Number of Working Owners: _____

Number of Employees: _____

For Office Use Only:

Amount Paid \$ _____

Date Paid: _____

******License fees: \$7.50 per day of event or \$7.50 per peddler/solicitor per day******

BUSINESS NAME: _____

CORPORATION NAME: _____

OWNER/OPERATOR: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

DATE LICENSE TO BE VALID: FROM _____ **THROUGH** _____

DESCRIPTION OF EVENT: _____

PLEASE FILL IN THE EMERGENCY INFORMATION FOR POLICE & FIRE DEPARTMENTS

EMERGENCY NAME: _____

EMERGENCY DAY PHONE: _____ **NIGHT PHONE:** _____