

TEMPORARY LICENSE APPLICATION  
PLEASE FILL IN ALL BLANKS

For Office Use Only

License No. \_\_\_\_\_

Fee Paid \$ \_\_\_\_\_

Paid Date: \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

OPENING DATE OF BUSINESS \_\_\_\_\_

NUMBER OF WORKING OWNERS \_\_\_\_\_

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

SALES TAX NUMBER/SS# \_\_\_\_\_

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: \_\_\_\_\_

CITY OF BRANSON, BRANSON, MO 65615 (417) 334-3345

**City of Branson**  
**110 W. Maddux Suite 200**  
**Branson, MO 65616**