



City of Carl Junction
303 N. Main St. PO Box 447
Carl Junction, MO 64834
417-649-7237
Fax 417-649-6843
www.carljunction.org

ONE DAY SPECIAL EVENT LICENSE

DATE: _____

EVENT INFORMATION:

1) Name of Event in which you are participating: _____

2) Location of Event: _____ Date of Event: _____

APPLICANT INFORMATION:

3) Name used to register for event: _____
(list business name, if registered under person name, print here)

4) Mailing Address: _____

5) Phone Number: _____

6) Missouri Tax ID #: _____

7) I do not have a Missouri Tax Id # and qualify for the following sales tax exemption:

_____ I only make isolated or occasional sales of personal property, service, substance or thing with annual sales of \$3,000 or less. See Missouri Statute 144.010.0(2)

_____ I, the seller, or my spouse is at least 65 yrs of age, make handicraft items for sale and the total gross proceeds from such sales does not constitute a majority of my/our annual gross income. See Missouri Statute 144.030.0(25)

Signature of Applicant: _____ Date: _____

Approved By: _____ Date: _____

Mission Statement

The City of Carl Junction will represent our citizens, provide high level services, and plan for the future of our community.