



GROUP SALES EVENTS CITY LICENSING REQUIREMENTS

PLEASE RETURN PRIOR EVENT

Section 70-35 of the Springfield City Code States that it shall be unlawful for any person who is required by Chapter 70 to have a license in order engage in the licensed activity to solicit, accept consideration, or to offer the services or products to the public without first securing a license. Section 70-43 stipulates that the group sales operator (promoter) shall not allow any merchant into the group sales area for the purpose of offering services or products to the public until the merchant has a valid City of Springfield occupational license.

Participants In group sales events may choose between two options when obtaining a license: (1) A license as a retail merchant may be purchased for, minimum fee of \$10.00 for gross sales/receipts of \$5,000 or less; the fee is \$20.00 for gross receipts of \$5,000 - \$10,000. This license will be valid for twelve months from the first day of the event for any other similar event lasting no more then seven consecutive days. (2) A license as a peddler, valid for 1 month from the first day of the event for any other similar event lasting no more than seven consecutive days, may be purchased for a fee of \$5.00.

A License Inspector will verify information received with the promoter's list of participants at least two (2) days before the Show begins. Those participants who have not obtained their licenses prior to setting up at the event will have to take care of the appropriate license fee with the promoter before the event begins. If you have questions, please contact the License Division by calling (417) 864-1517.

DETACH AND RETURN THIS PORTION

If you do not have a current City of Springfield License, complete this section and enclose the application fee.

Name of event: **OZARKS' COIN CLUB ANNUAL COIN & STAMP SHOW**

Location of Event: **MISSOURI ENTERTAINMENT & EVENT CENTER (Ozark Empire Fairgrounds - E-Plex)** Date of event: **OCTOBER 25 & 26, 2008**

Name you registered Under for Event: _____

Owner's Name or Business: (If different from above): _____

Your Mailing Address: _____

Fee Enclosed: \$ _____ Phone Number (____) _____

Remit to: City of Springfield, License Division, P.O. Box 8368, Springfield, Mo. 65801-8368

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If you have a current ct of Springfield license, complete this section:

Name: _____ Address: _____

Expiration Date of License: _____

License Number: _____