



Missouri Department of Revenue
Missouri Special Events Application

Department Use Only (MM/DD/YY)

Grid for Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

Grid for Missouri Tax I.D. Number (Optional)

Federal Employer I.D. Number

Grid for Federal Employer I.D. Number

This application is for Individuals or general partnership Special Event vendors who do not make sales in Missouri on a continual basis.

Owner Information section including fields for Owner Name, Street Address, E-mail Address, City, County, State, Zip Code, Mailing Address, Social Security Number, Date of Birth, and Telephone Number.

Event Name & Location section including fields for Event Name, Date of Event, Street, Highway, City, County, State, Zip Code, and checkboxes for sales frequency and months.

Business Activity section including a description of products and checkboxes for retail sales of Alcoholic Beverages, E-Cigarettes, Alternative Nicotine, Food Subject to Reduced State Food Tax Rate, and Cigarettes or Other Tobacco Products.



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: [businessstaxregister@dor.mo.gov](mailto:businessstaxregister@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.

