



Missouri Department of Revenue  
**Missouri Special Events Application**

Department Use Only  
(MM/DD/YY)

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Missouri Tax I.D.  
Number  
(Optional)

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Federal Employer  
I.D. Number

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

Owner Information

1. Owner Name (Enter partnership name, if applicable)			
Street Address		E-mail Address	
City	County	State	Zip Code
Mailing Address (Complete if mailing address is different than owner street address above.)			
City	County	State	Zip Code
If an individual is listed as the owner, you must also provide the following:			
Social Security Number	Date of Birth (MM/DD/YYYY)	Telephone Number	

Event Name & Location

2. Event Name		Date of Event (MM/DD/YYYY)	
		From: ____/____/____ To: ____/____/____	
Street, Highway (Do not use P.O. Box Number or Rural Route Number)			
City	County	State	Zip Code
3. <input type="checkbox"/> I will only sell at the event listed above this year.			
<input type="checkbox"/> I expect to sell at future events in Missouri. Attach a list of all known events, dates and their locations. (Your account will remain active and returns will need to be filed even if you have no tax to report.)			
If you will sell at events in Missouri every year, check the applicable months.			
<input type="checkbox"/> January <input type="checkbox"/> February <input type="checkbox"/> March <input type="checkbox"/> April <input type="checkbox"/> May <input type="checkbox"/> June <input type="checkbox"/> July <input type="checkbox"/> August <input type="checkbox"/> September <input type="checkbox"/> October <input type="checkbox"/> November <input type="checkbox"/> December			

Business Activity

4. Describe the products you will be selling and any services you will provide.		
5. Do you make retail sales of the following items? Select all that apply.		
<input type="checkbox"/> Alcoholic Beverages	<input type="checkbox"/> Alternative Nicotine	<input type="checkbox"/> Cigarettes or Other Tobacco Products
<input type="checkbox"/> E-Cigarettes or Vapor Products	<input type="checkbox"/> Food Subject to Reduced State Food Tax Rate	

Form 2643S (Revised 11-2015)



15610010001

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:			
<p>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.</p>			
Signature		Title	
<div style="border: 1px solid black; padding: 2px;">No digital signatures allowed</div>		Date MM/DD/YYYY	
Typed or Printed Name		E-mail Address	
<p><b>Confidentiality of Tax Records</b></p> <p><a href="#">Missouri Statute 32.057, RSMo</a>, 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 <a href="http://dor.mo.gov/forms">http://dor.mo.gov/forms</a> to obtain a Power of Attorney (<a href="#">Form 2827</a>).</p>			

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:** [businesstaxregister@dor.mo.gov](mailto:businesstaxregister@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.

