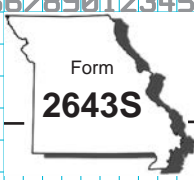


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Form 2643S Missouri Department of Revenue Missouri Special Events Application

Department Use Only (MM/DD/YY)

Missouri Tax I.D. Number (Optional)

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: 1. Owner Name, Street Address, E-mail Address, City, County, State, Zip Code, Mailing Address, Social Security Number, Date of Birth, Telephone Number. Event Name & Location section: 2. Event Name, Date of Event, Street, Highway, City, County, State, Zip Code. Business Activity section: 3. Sales frequency and months, 4. Describe products, 5. Retail sales items.

Form 2643S (Revised 11-2015)



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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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