BUSINESS LICENSE APPLICATION (Pro-Rated Sep-Nov)

City of Warrensburg
licenses@warrensburg-mo.com
102 S Holden St Warrensburg, MO 64093
P: 660-747-9131

SECTION A: BUSINESS INFORMATION

Business Name: _____ DBA: _____

Business Type: _____ Email: _____

Mailing Address: _____ Phone: _____

City: _____ State: _____ Zip Code: _____

Business Address
(if different from mailing): _____

City: _____ State: _____ Zip Code: _____

Will this business be selling goods at retail? Y☐ N☐ **If yes, provide your retail sales tax number** _____
Businesses selling retail goods must also provide a current Certificate of No Tax Due from the Missouri Dept. of Revenue

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Will this business be selling cigarettes? Y☐ N☐ **If yes, a Cigarette Permit Application must also be submitted**

Any person/company in business in the construction industry must provide a current certificate of insurance for Workers Compensation, or submit a notarized Affidavit of Exemption (located on page 3 of this application).

SECTION B: FEES FOR GROSS VOLUME LICENSES

(Flat rate fees for non gross volume licenses are listed on page 2 of this application)

ESTIMATED GROSS VOLUME - CHECK APPLICABLE BOX

☐ **UNDER $50,000**
Fee: $15.38

☐ **$50,000 to $99,000**
Fee: $30.38

☐ **$100,000 to $149,000**
Fee: $45.38

☐ **$150,000 to $199,000**
Fee: $60.38

☐ **In Excess of $200,000**
Fee: $75.38

SECTION C: OWNER INFORMATION

Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

SECTION D: IMPORTANT INFORMATION & APPLICATION AGREEMENT

~ Business licenses will not be issued without required documentation in accordance with City Ordinance.
~ Accounts of businesses are subject to inspection for gross volume verification.
~ The undersigned certifies that the above information is true and correct to the best of their knowledge and belief. The undersigned certifies that they are not in arrears in the payment of any tax, fee, or other charges due to the City of Warrensburg, Missouri

Applicant Signature: _____ Date: _____

CITY USE ONLY BELOW

LICENSE #: _____ INVOICE #: _____ DATE PAID: _____

PARTIAL FIXED FEE LIST

(Pro-Rated Sep - Nov)

☐ Bank	$75.38
☐ Insurance Agency	$26.63
☐ Real Estate Agency	$26.63
☐ Optician	$7.88
☐ Tree Service (Not Pro-Rated)	$35.00 ($25,000 Liability Insurance Required)
☐ Pest Control (Not Pro-Rated)	$35.00 ($25,000 Liability Insurance Required)
☐ Carnival (Not Pro-Rated)	$100.00 ($500,000 Liability Insurance Required)
☐ Circus (Per Day Not Pro-Rated)	$50.50 ($500,000 Liability Insurance Required)

BUILDING INSPECTION REQUIREMENT

(For new business locations inside City Limits)

Please do not open without approval

The City of Warrensburg is pleased to receive your application to open a new business. In order to obtain approval for a business license; however, the building you are planning to occupy must pass inspection by our Fire and Building Code Enforcement Departments.

You must also make sure that any existing issues with Planning / Zoning and/or Public Works Departments are satisfied.

I,_____ owner/manager

of _____ have read the above information. I understand and agree that I will not open for business until the approriate inspections as indicated above are complete and approved.

Date Requesting to be Open: _____

Applicants Signature: _____

MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE PURSUANT TO § 287.061, RSMo

Before me, the undersigned authority, personally appeared _____
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is _____. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of _____,
Name of Business
a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

☐ I am a sole proprietor **and have no "employees"** as defined under the law, see page 2.

☐ I am a partner in a partnership **with no "employees"** as defined under the law, see page 2.

☐ I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for _____ to be withdrawn from
Name of Corporation
coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated _____ is enclosed.
Date
Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.

4. **I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.**

_____ _____
Affiant *Date*

STATE OF MISSOURI)
)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires: _____

_____
Notary Public (SEAL)

Updated 03/16/18