201 N. State Street Knob Noster, MO 65336



Phone: 660-563-2595 Fax: 660-563-5634

## BUSINESS LICENSE APPLICATION July 1, 2023 - June 30, 2024

Please provide the following information and submit this form with the required documents and \$25.00\* to the City of Knob Noster in person or mailed to the address above.

## **BUSINESS INFORMATION:**

Business Name:	Phone:	
Business Address:		
Mailing Address:		
Contact Person:	Phone:	
Type of Business:		
<b>OWNER INFORMATION:</b>		
Owner Name:	Cell:	
Home Address:		
Home Phone:	Email:	

## **CERTIFICATION:**

The State of Missouri requires the City to verify that business license applicants have a Missouri Retail Sales Tax License and Worker's Compensation Insurance when applicable. To comply with these requirements, please attach a copy of your Missouri Retail Sales License and Worker's Compensation Insurance Certificate to the application or sign and date the General Affidavit below.

\_I, the undersigned, hereby certify that I am exempt from obtaining a Missouri Sales Tax License as required by Section 144.093.2, RSMo, because I do not have retail sales.

I, the undersigned, hereby certify that I am exempt from carrying Worker's Compensation Insurance as required under Chapter 287, RSMo. I understand that it is unlawful pursuant to Secton 287.128, RSMo, to submit fraudulent information.

I, the undersigned, do not and will no knowingly employ a person who is an unauthorized alien in connection with the business for which this license has been obtained, pursuant to Section 285.530, RSMo.

SIGNATURE:		DATE:
TITLE:		
For City use only:		
License #:	_ ** New / Renewal ** Date P	d: ** Amount Pd:
*Fee - \$25.00 per year, p	rorated monthly	