



201 N. State Street Knob Noster, MO 65336

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

## **BUSINESS LICENSE APPLICATION**

**July 1, 2024 - June 30, 2025**

Please provide the following information and return this form with the required documents and \$25.00\* to the City of Knob Noster at the address above. If you prefer to Submit this form electronically, attach also any required documents and contact us to provide payment information.

### **BUSINESS INFORMATION:**

**Business Name:**

**Phone:**

**Business Address:**

**Mailing Address:**

**Contact Person:**

**Phone:**

**Type of Business:**

### **OWNER INFORMATION:**

**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 sell 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 Section 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 Pd: \_\_\_\_\_ \*\* Amount Pd: \_\_\_\_\_

\*Fee - \$25.00 per year, prorated monthly