



201 N. State Street Knob Noster, MO 65336

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

BUSINESS LICENSE APPLICATION

July 1, 20__ - June 30, 20__

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: _____

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 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 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:

*Fee - \$25.00 per year, prorated monthly

License #: _____ ** New / Renewal ** Date Pd: _____ ** Amount Pd: _____