



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 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