



201 N. State Street Knob Noster, MO 65336

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

BUSINESS LICENSE APPLICATION

July 1, - June 30,

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