

BUSINESS LICENSE APPLICATION
July 2008 – June 30, 2009

Please provide the following information and submit with all pertinent information and fee to the City of Knob Noster when applying.

BUSINESS INFORMATION

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

CONTACT PERSON: _____

TYPE OF BUSINESS: _____

BUSINESS OWNER INFORMATION

BUSINESS OWNER: _____

HOME ADDRESS: _____

HOME PHONE: _____

SIGNATURE: _____ TITLE: _____

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

_____, I, the undersigned, hereby certify that I am exempt from obtaining a Missouri Retail Sales License as required by Section 144.083.2, 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 it is unlawful, pursuant to Section 287.128, RSMo, to submit fraudulent information.

SIGNATURE: _____ TITLE: _____

Type of License: () New () Renewal
City Fee: \$ _____ Date Collected: _____ License #: _____