



218 North State, Knob Noster, MO 65336

CITY OF KNOB NOSTER

660-563-2595
Fax 660-563-3476

BUSINESS LICENSE APPLICATION

July 1, 20__ – June 30, 20__

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: _____

MAILING ADDRESS: _____

BUSINESS PHONE: _____

CONTACT PERSON/PHONE NO: _____

TYPE OF BUSINESS: _____

BUSINESS OWNER INFORMATION

BUSINESS OWNER: _____

HOME ADDRESS: _____

HOME/CELL 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.

____ I, the undersigned, do not and will not 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: _____ **TITLE:** _____

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