



Carl Larkerbrink, City Collector
carl@warrensburg-mo.com
 102-A South Holden St. — Warrensburg, MO 64093
 Phone: 660-747-9131 – Fax: 660-747-8927

Business License Application (prorated September – November)

- ▶ Any person engaged in business as a contractor in the construction industry must provide a certificate of coverage for workers' compensation or an affidavit of exemption.
- ▶ All applicants conducting business where goods are sold at retail must provide a statement from the Department of Revenue stating no tax is due.

→ Business Information ←

Date of Application: _____ Missouri Sales Tax #: (include current certificate of no tax due)

Name of Business: _____ E-mail Address: _____

Type of Business: _____ Business Phone #: _____

Will business location be in a residence within the city limits of Warrensburg? Yes: _____ No: _____

If yes a Registration for Home Occupation must be submitted with application

If business is retail will cigarettes be sold? Yes: _____ No: _____

If yes a Cigarette Permit application must be submitted

Physical Location Address: _____

City – State – Zip Code: _____

Mailing Address: (if different from above) _____

City – State – Zip Code: _____

→ Owner/Manager Information ←

Last Name: _____ First Name: _____ Middle Initial: _____

Current Address: _____

City – State – Zip Code: _____ Home Phone #: _____

* Partial applicable flat fees for non-gross volume licenses listed on page 2 *

Estimated Gross Volume (not net profit)	Under	\$ 50,000	fee	\$ 15.38
	\$ 50,000 to	\$ 99,999	fee	\$ 30.38
	\$100,000 to	\$149,999	fee	\$ 45.38
	\$150,000 to	\$199,999	fee	\$ 60.38
	In Excess of	\$200,000	fee	\$ 75.38

Accounts of Business Subject to Inspection for Gross Volume Verification

- ▶ Are you required to obtain Workers' Compensation Insurance? Yes: _____ No: _____
- ▶ Construction industry must provide proof of insurance or a notarized affidavit of exemption.
- ▶ (provided with application) License will not be issued without documentation. Ordinance 22-76

The undersigned certifies the above information to be true and correct according to the undersigned's best knowledge and belief. I further certify that I am not in arrears in the payment of any tax, fee or other charge due to the city.

 Applicant's Signature & Date

CITY INFORMATION	License#:	
	Amount Paid: \$	Date Paid:

Partial Fixed Fee List

Bank	\$ 75.38	
Insurance Agency	\$ 26.63	
Real Estate Agency	\$ 26.63	
Optician	\$ 7.88	
Electrician	\$ 7.88	(testing results required)
Plumber	\$ 7.88	(testing results required)
Tree Service (not prorated)	\$ 35.00	(\$ 25,000 liability insurance required)
Pest Control (not prorated)	\$ 35.00	(\$ 25,000 liability insurance required)
Carnival/6 days or less	\$100.00	(\$500,000 liability insurance required)
Circus/Per Day	\$ 50.50	(\$500,000 liability insurance required)

Building Inspection Requirement

(for new business locations inside City Limits)

Please do not open without Approval

The City of Warrensburg is pleased to receive your application to open a new business. In order to obtain approval for a business license; however, the building you are planning to occupy must pass inspection by our fire, and building code enforcement departments. Before you can open for business, you must have approval from these departments.

You must also make sure that any existing issues with the Planning/Zoning and/or Public Works Department are satisfied.

I, _____ owner/manager
of _____ have read the
above information. I understand and agree that I will not open for business until the appropriate
inspections, as indicated above are completed and approved.

Date of Application:

Date requesting to be open:

Applicant's Signature:



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared _____
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is _____. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of _____,
Name of Business

a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

I am a sole proprietor **and have no "employees"** as defined under the law, see page 2.

I am a partner in a partnership **with no "employees"** as defined under the law, see page 2.

I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for _____ to be withdrawn from
Name of Corporation

coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated _____ is enclosed.
Date

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.

4. **I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.**

Affiant

Date

STATE OF MISSOURI)
)
COUNTY OF _____)

Subscribed and sworn to before me this _____ day of _____, 20 _____

My Commission Expires: _____

Notary Public

(SEAL)