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## Business License Application

- ▶ 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 \*

		Under	\$ 50,000	fee	\$ 20.50
Estimated Gross Volume (not net profit)		\$ 50,000	to \$ 99,999	fee	\$ 40.50
Check Applicable Line		\$100,000	to \$149,999	fee	\$ 60.50
		\$150,000	to \$199,999	fee	\$ 80.50
		In Excess	of \$200,000	fee	\$100.50

### 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

<b>CITY INFORMATION</b>	License#:		
	Amount Paid: \$		Date Paid:

# Partial Fixed Fee List

Bank	\$100.50	
Insurance Agency	\$ 35.50	
Real Estate Agency	\$ 35.50	
Optician	\$ 10.50	
Electrician	\$ 10.50	(testing results required)
Plumber	\$ 10.50	(testing results required)
Tree Service	\$ 35.00	(\$ 25,000 liability insurance required)
Pest Control	\$ 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.

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Date of Application:

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Date requesting to be open:

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Applicant's Signature:

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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)