CITY OF URICH, MISSOURI

BUSINESS LICENSE APPLICATION

**September 1, 2023 - August 31, 2024**

Please provide the following information and submit this form with the required documents and

$15.00 to the City of Urich in person or mailed to the address above.

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| **BUSINESS INFORMATION:** |
| **Business Name: Phone:** |
|  **Business Address:** |
| **Mailing Address:** |
| **Contact Person: Phone:** |
|  **Type of Business:** |

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| --- | --- | --- |
| **OWNER INFORMATION:** |  |  |
| **Owner Name:** | **Cell:** |  |
| **Home Address:** |  |  |
| **Home Phone: Email:** |  |  |

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| **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 theapplication 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 have 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.

**DATE:**

|  |  |
| --- | --- |
| **SIGNATURE:** |  |
| **TITLE:** |  |

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| ***For City use only:*** |
| License #: \*\* New / Renewal \*\* Date Paid: \*\* Amount Paid:  |
| Fee - $15.00 per year |