



City of St. Robert
 194 Eastlawn Ave. Ste A
 St. Robert, Mo. 65584
 573-451-2000
 www.saintrobert.com

BUSINESS LICENSE APPLICATION

License term is January 1 to December 31 of each year.
 Fee is not pro-rated.

SECTION 1: Business Information (Please complete all sections below PRINT).

New Business Name Change/Location Change of Existing Business Date: _____

Business Name: _____

Business Address: _____

Business Telephone (include area code): _____

Emergency after hours Number: 1 _____ 2 _____
 3 _____

State License Number: _____ Missouri Sales Tax Number: _____ Federal ID Number: _____

Business Mailing Address: _____

Business Web Site: _____ Email: _____

Section II: Business Ownership

Ownership: Individual Corp. Partnership Ltd. Partnership Other _____

Owners, partners, LLC Members or Officers (for additional names please attach sheet):

Name: _____ Title _____

Home Address: _____

Telephone Number: _____

Name: _____ Title _____

Home Address: _____

Telephone Number: _____

Name: _____ Title _____

Home Address: _____

Telephone Number: _____

Section III. Type of Business

Describe nature of business: _____



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Section IV. Business Premises Status

Do you own your business location? Yes No. If you do not own your business location, complete landlord/property manager information below.

Landlord/Property Manager: _____

Address: _____

Do you rent a portion of the business premises to another entity? Yes No

If yes, what is the name of the other business? _____

City business license will not be issued if there are any outstanding bills owed to the City, i.e. Utilities, property taxes. ___ Int.

ACCORDING TO STATE LAW "ANY CTIY OR COUNTY "WHICH ISSUES AN OCCUPATIONAL OR BUSNIESS LICENSE SHALL REQUIRE A CERTIFICATE OF INSURANCE FOR WORKERS COMPENSATION COVERAGE IF THE APPLICANT FOR THE LICENSE IS REQUIRED TO COVER HIS LIABILITY UNDER CHAPTER 287, RSMO. IF YOU HAVE 5 OR MORE EMPLOYEES YOU WILL NEED WORKERS COMPENSATION INSURANCE.

IF YOU ARE REQUIRED BY LAW TO HAVE WORKERS COMPENSATION COVERAGE, **YOU MUST PROVIDE A CERTIFICATE OF INSURANCE TO THIS OFFICE BEFORE LICENSE WILL BE ISSUED.**

Number of employees: _____

MO statue 144.083 Business License requirement all new or renewed business license must have Dept. of Revenue NO TAX due verification. The City will issue license if no tax dues is verified. If City cannot verify no tax due, the business will be contacted to furnish City with no tax due letter before license will be issued. _____ int.

I certify that the statements made in this application are true and complete to the best of my knowledge. I accept the license authorized and issued in response to this application with the condition that I report timely and pay any and all taxes due by me to the City of St. Robert. Incomplete forms may not be processed.

Print Name: _____ Signature _____ Date _____

Print Name: _____ Signature _____ Date _____

Office Use only

Date license issued _____

License Number _____

Check Number _____

Received by _____