

New\_\_\_\_\_

Renewal\_\_\_\_\_

DATE\_\_\_\_\_



200 East Park Street
Vandalia, MO 63382

APPLICATION FOR BUSINESS LICENSE-2019

- 1). Legal Name of Business
2). Business Street Address
3). Business Mailing Address NAICS#
4). Type/nature of Business Do you have an OPERATING Vandalia business?
5). Name of Applicant Owner Manager Agent
6). Is Applicant a U.S. Citizen? Yes No No. of employees
7). Applicant's date of birth Driver's License Number
8). Business Phone Number Applicant's Home Phone
9). Applicant's Home Address Street City State Zip
10). Have you ever been convicted of any violation of laws or ordinances of this or any state or municipality other than minor traffic violations?
11). Have you ever had a bond, business or other license suspended or revoked in either this or any other state?
12). Does, or will this facility discharge any wastewater into the City sewers, other than restrooms?
13). Do you sell cigarettes? Yes No If yes, are they sold over the counter or machine?
14). Missouri Retail Sales Tax Number Copy of Certificate should be attached
15). Is your business required under Chapter 287 RSMo. to maintain worker's compensation insurance coverage for your employees? Yes No

If "yes", please attach as mandated by State Law, a copy of your certificate of insurance. If "no", please complete the statement of exemption attached to this application.

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct, or false statement. If the business ceases operation or if license is suspended or revoked, said license will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of addresses, or changes in type of business conducted, the City Clerk will be notified.

(If corporation, President and Secretary must sign and affix the corporate seal)

Applicant's Signature

(Corporate Seal)
Attest

## STATEMENT OF EXEMPTION

I, \_\_\_\_\_ doing business as \_\_\_\_\_  
(name) (business name)

Certify that the business that I represent is exempt from maintaining Worker's  
Compensation Insurance under Chapter 287 of the Revised Statutes of the State of  
Missouri.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date