

New _____

Renewal _____

DATE _____



200 East Park Street
Vandalia, MO 63382

APPLICATION FOR BUSINESS LICENSE-2016

- 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 _____
(at this location)
- 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? Yes _____ No _____
If yes, explain _____
- 11). Have you ever had a bond, business or other license suspended or revoked in either this or any other state? Yes _____ No _____
If yes, explain _____
- 12). Does, or will this facility discharge any wastewater into the City sewers, other than restrooms? Yes _____ No _____
If yes, please describe _____
- 13). Do you sell cigarettes? Yes _____ No _____ If yes, are they sold over the counter or machine? _____ Name of Vendor _____
- 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