

CITY OF RICHMOND HEIGHTS BUSINESS LICENSE APPLICATION

Business Name: _____
DBA Name: _____
Mailing Address: _____

| FOR OFFICE USE ONLY:
| Business License # _____
| Amount Paid \$ _____
| Payment type _____
| Date ___/___/___ EE: _____

BUSINESS ADDRESS in City of Richmond Heights (if different from above): _____

NAME of the person managing business: _____

BUSINESS OWNER NAME: _____ BUSINESS PHONE: _____

TELEPHONE SERVICE PROVIDER: _____ NUMBER OF EMPLOYEES: _____

EMAIL ADDRESS: _____

IS BUSINESS INCORPORATED WITH MISSOURI SECRETARY OF STATE? _____ IF SO UNDER WHAT NAME? _____

The undersigned hereby certifies that, _____ the applicant for this business license, (is) _____ (is not) (check correct statement) required under the terms of the Missouri Worker's Compensation Act to maintain worker's compensation insurance for its employees.

APPLICATION IS HEREBY MADE to the City of Richmond Heights, Missouri for License to carry on the Business, Trade or Occupation of: _____

Original Date Business Began Operating In This Location: _____

Business license application for the period _____ to 12/31/2017

LICENSE FEE is \$5.00 per employee with a minimum of **\$30.00** unless otherwise listed in ordinance.

TOTAL NUMBER OF ASSOCIATES AND/OR EMPLOYEES _____ OR AMOUNT ASSESSED BY ORDINANCE _____

(Note: A regular employee or associated shall be one who works in the service of the licensee twenty (20) hours or more per week during thirty (30) or more weeks per year.)

STATE SPECIFICALLY WHAT THE BUSINESS DOES: _____

DESCRIBE SUPPLIES STORED ON THE PREMISES: _____

FAILURE TO SUBMIT STATEMENT ON OR BEFORE JANUARY 31ST shall constitute a misdemeanor and shall result in a doubling of the basis for determining the license fee and any delinquent payment of business license fees to have an additional ten percent (10%) of the amount of the license fee collected for the first month or part thereof such delinquency and one percent (1%) for each additional month thereafter.

EMPLOYMENT OF UNAUTHORIZED ALIENS is prohibited under Missouri Revised Statute section 285.530. By signing this form, you are certifying that you do not employ any such individual(s).

STATE OF _____)
COUNTY OF _____)

ALL OF THE FOREGOING STATEMENTS MADE AS AN INDUCEMENT TO THE ISSUANCE OF THE LICENSE APPLICABLE ARE TRUE AND CORRECT.

Business

Signature

PLEASE NOTE: ANY INFORMATION PROVIDED ON THIS FORM IS CONSIDERED PUBLIC INFORMATION, AND MAY BE DISCLOSED, PER MISSOURI SUNSHINE LAW, UPON REQUEST.