

CITY OF RICHMOND HEIGHTS HOTEL LICENSE APPLICATION

Business
Name: _____
Mailing
Address: _____

FOR OFFICE USE ONLY
Business Lic # _____
Date Paid: ____/____/____ EE: _____
Amount Paid: \$ _____ Payment Type: _____

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

NAME AND ADDRESS (residence) of the manager in charge of said location:

OWNER NAME: _____ BUSINESS PHONE: _____

NUMBER OF EMPLOYEES: _____ EMAIL ADDRESS: _____

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

TELEPHONE SERVICE PROVIDER: _____

The undersigned hereby certifies that _____ (business name), 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:

for the period _____ to _____ Original date business began operating in this location _____

The license fee for your business is based on the total number of rooms in your hotel or motel times a rate of \$10.00 per room. Enter number of rooms here _____.

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. Additionally, penalties shall be 10% for the first month overdue and 1% for each 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).

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.