

CITY OF SCOTT CITY
215 CHESTER AVE.
SCOTT CITY, MO 63780

APPLICATION FOR BUSINESS LICENSE

Note: This application MUST be filled out in order to receive a business license.

BUSINESS NAME _____

BUSINESS ADDRESS _____

MAILING ADDRESS _____

OWNER/MANAGER _____

CONTACT PERSON (IF DIFFERENT THAN ABOVE) _____

PHONE NUMBER _____

TYPE OF BUSINESS _____

NUMBER OF EMPLOYEES _____

ZONING OF BUSINESS PROPERTY (CHOOSE ONE)

- R-1 RESIDENTIAL
- C-1 COMMERCIAL
- I-1 INDUSTRIAL

Note: If you have chosen R-1 Residential, you must follow the regulations listed below. Please acknowledge each requirement with a check if you currently meet it.

- NO MORE THAN ONE EMPLOYEE WORKING INSIDE THE RESIDENCE
- NO OUTDOOR ADVERTISING OF THE BUSINESS (OTHER THAN A SMALL NAMEPLATE TYPE SIGN)
- NO INVENTORY KEPT ON-HAND AT THE RESIDENCE
- NO COMMODITIES ARE SOLD TO CUSTOMERS AT THE RESIDENCE
- NO DELIVERIES OF INVENTORY ARE MADE TO THE RESIDENCE

SALES TAX NUMBER _____ (ALL BUSINESSES WITH A SALES TAX NUMBER MUST SEND A CERTIFICATE OF NO TAX DUE. A CERTIFICATE OF NO TAX DUE CAN BE OBTAINED FROM THE WEBSITE www.dor.mo.gov OR PHONE, 573-751-9268 OR EMAIL AT taxclearance@dor.mo.gov)

I HAVE FILLED OUT THE WORKERS COMPENSATION WAIVER ATTACHED TO THIS APPLICATION.

OR

I HAVE ENCLOSED A COPY OF MY WORKERS COMPENSATION INSURANCE.

My signature below shows that I understand that all business license holders must follow all City ordinances for businesses. I further understand that if I am found not following City ordinance(s), my license will be immediately forfeited, and will not be reinstated without approval of the City Council.

SIGNATURE OF OWNER _____

DATE: _____

City of Scott City

215 Chester Avenue
Scott City, MO 63780
573-264-2157 fax 573-264-4281

Workers Compensation Waiver

Date

_____, the owner of
(Name of owner)

(Name of business for which license is requested)
does hereby state under oath that the above business enterprise is
not required to secure and carry Worker's Compensation Insurance
coverage under Missouri State Law.

Signature of owner

Witness