

Application for Business License

Name: _____

D/B/A: _____

Address: _____

MO State Tax I.D.# _____ Fed I.D.# _____

1. Street Address _____

Mailing Address of Business _____

Business Phone # _____

Type of Business _____

Location of Main Office _____

Number of Employees _____ Square foot of Building _____

2. Full name of Owner _____

Home Phone # _____ Business Phone # _____

Residence _____

EMERGENCY CONTACT INFORMATION

3. Full name of Manager _____

Home Phone # _____ Business Phone # _____

Residence _____

If a license is granted, the Corporation agrees to obey the laws of the City of Foristell, St. Charles/Warren County and the State of Missouri, where applicable _____. License is non-transferable and may be used for above Corporation only. Should managers be changed, notification should be sent to the City of Foristell.

The facts set forth in this application for license are true and complete. I understand that false statements shall be sufficient cause for refusal. You are hereby authorizing any investigation of personal history through any investigative agencies or bureaus of your choice. This permission to include all individuals listed on the license application. I further understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any investigative report that is made.

Signature of Applicant/Representative

Date _____

Business License fee \$35.00

City of Foristell
121 Mulberry Street
Foristell, Mo 63348
(636) 463-2123

Section 15 of SB 251, the State's Worker Compensation Law, effective August 28, 1993, requires that any city that issues business licenses **must** require certification of insurance for workers compensation coverage **prior** to issuance of a license if the applicant is required to have such coverage.

Under state law, any employer with five (5) or more employees or construction business with one (1) or more employees is required to have workers compensation coverage.

IN COMPLIANCE WITH THE PROVISIONS OF SB 251, I HEREBY SWEAR THAT THE INFORMATION AS SET FORTH ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

A. Number of employees: _____ Full Time
 _____ Part Time
 _____ Total

B. Certificate of Insurance for Worker's Compensation Coverage is attached.

_____ Yes

_____ No, I am not required to cover my liability under Chapter 287, RSMo.

Name: _____

D/B/A: _____

Address: _____

Signature of Applicant _____

Relationship to Business _____