

**CITY OF POTOSI**

Phone 573-438-2767

121 East High Street  
Potosi, Missouri 63664

Fax 573-438-7008

**APPLICATION FOR OCCUPATIONAL / BUSINESS LICENSE**

There are two types of licenses for businesses and business people, Business License issued to a business with a business location and an Occupational License which is issued to an individual who conducts business in Potosi, but who does not have a business location. Business and Occupational Licenses must be renewed annually BEFORE July 1 of each year. Failure to have a valid Business or Occupational License can subject you to civil and criminal penalties.

The following information on this two-sided application, is necessary for the City to properly regulate the businesses within its jurisdiction. By completing this application, you are agreeing to abide by the City's Ordinances in all respects. False or incomplete information provided may result in your application being denied, or if discovered after the License is granted, may be grounds for the revocation of your license to do business in the City of Potosi.

**\*\*\*\*\*ALL QUESTIONS MUST BE READ AND ANSWERED AS THEY PERTAIN TO YOU\*\*\*\*\***

**BUSINESS / OCCUPATION INFORMATION**

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS OF BUSINESS LICENSE: \_\_\_\_\_

APPLICANTS ADDRESS FOR AN OCCUPATIONAL LICENSE: \_\_\_\_\_

DATE OF BUSINESS OPENING: \_\_\_\_\_

BUSINESS TELEPHONE # : \_\_\_\_\_ EMERGENCY TELEPHONE # : \_\_\_\_\_

BUSINESS ORGANIZATIONAL TYPE (PLEASE CIRCLE ONE):

**SOLE PROPRIETORSHIP**

**PARTNERSHIP**

**LIMITED PARTNERSHIP**

**CORPORATION**

NAME, SS #, DRIVER'S LICENSE #, AND ADDRESS OF EACH PERSON WITH ANY OWNERSHIP INTERST:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

LIST AND ATTACH COPIES OF FEDERAL AND STATE LICENSES OR PERMITS REQUIRED FOR YOUR BUSINESS:

\_\_\_\_\_

DAYS AND HOURS THE BUSINESS WILL BE OPEN: \_\_\_\_\_

NAME AND ADDRESS OF PERSON WHO OWNS THE PROPERTY \_\_\_\_\_  
NAME

\_\_\_\_\_  
ADDRESS

**CONTINUED ON BACK**

**SECURITY INFORMATION** (BUSINESS LICENSE ONLY)

NAME AND EMERGENCY TELEPHONE # OF ALL PERSONS HAVING KEYS TO THE BUILDING:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE AN ALARM SYSTEM FOR BUILDING? \_\_\_\_\_

INFORMATION THE POLICE DEPARTMENT OR FIRE DEPARTMENT SHOULD BE AWARE? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYEE'S AND WORKER'S COMPENSATION** (FOR BUSINESS / OCCUPATIONAL)

NUMBER OF EMPLOYEES OR WORKERS? \_\_\_\_\_ If there will be more than four (4) employees or workers, including the owners, or if the business will engage in any construction related activity, State Law requires verification of Worker's Compensation Insurance be provided before any municipality can issue a business license. One of the forms below must be signed and a copy of the certificate of insurance for workman's compensation coverage must be attached before a new business or occupational license will be issued. PLEASE EXECUTE ONLY ONE OF THE FOLLOWING TWO OPTIONS.

\_\_\_\_\_ My business is non-construction with less than five (5) employees or workers and I am not required by the State of Missouri to have Workman's Compensation Insurance.

\_\_\_\_\_ My business is a construction related business, or a business with five (5) or more employees or workers and I am required by the State of Missouri to have Workman's Compensation Insurance. I have attached verification of my current Workman's Compensation Insurance.

**I UNDERSTAND FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN MY APPLICATION BEING DENIED, OR IF DISCOVERED AFTER THE LICENSE IS GRANTED, MAY BE GROUNDS FOR THE REVOCATION OF MY LICENSE TO DO BUSINESS IN THE CITY OF POTOSI.**

\_\_\_\_\_  
PRINT NAME (MUST BE LEGIBLE)

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\*\*\*\*\*

**FOR OFFICE USE ONLY:**

AMOUNT PAID: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

\_\_\_\_\_  
OFFICE SIGNATURE