

# CITY OF POTOSI

Phone 573-438-2767

121 East High Street  
Potosi, Missouri 63664

Fax 573-438-7008

## **RENEWAL APPLICATION FOR (OCCUPATIONAL) OR (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\*\*\*\*\***

DATE OF APPLICATION: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

### **BUSINESS INFORMATION**

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

MAILING ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: \_\_\_\_\_ WEBSITE: \_\_\_\_\_

HAVE THERE BEEN ANY CHANGES IN LOCATION, OWNERSHIP, CONTACTS, SALES TAX #, TELEPHONE, TYPE OF BUSINESS OR BUSINESS ACTIVITIES, OR HOURS OF OPERATION FROM YOUR ORIGINAL APPLICATION? IF SO, LIST THE CHANGES BELOW:

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

### **EMPLOYEE'S AND WORKER'S COMPENSATION**

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