

**City Of Willard**  
Application for City Business License  
(Please print or type)

PLEASE COMPLETE THIS APPLICATION FOR YOUR 2024 BUSINESS LICENSE AND RETURN IT TO P.O. BOX 187, WILLARD MISSOURI 65781. **PLEASE ENCLOSE A CHECK IN THE AMOUNT OF \$25.00, (\$50.00 FOR MANUFACTURING), PAYABLE TO THE CITY OF WILLARD BY DECEMBER 31, 2023.** YOUR BUSINESS LICENSE WILL BE MAILED TO YOU, OR YOU CAN PICK IT UP AT CITY HALL, 224 W. JACKSON BETWEEN THE HOURS OF 8:00 A.M. TO 5:00 P.M. MONDAY – FRIDAY, ONCE ALL INFORMATION IS TURNED IN. **ALL CONTRACTORS MUST SUBMIT PROOF OF INSURANCE FOR THEIR BUSINESS, AND ALL THOSE WHO CHARGE SALES TAX MUST SUBMIT A COPY OF THEIR RETAIL SALES LICENSE FOR MISSOURI AS WELL AS A LETTER OF “NO TAX DUE” FROM THE STATE DATED NO MORE THAN 90 DAYS FROM THE DATE OF THIS APPLICATION.**

**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_

Circle Type: Manufacturing      Distribution      Retail      Service      Contractor

Type of Products/Services offered: \_\_\_\_\_

Missouri Retail Sales Tax Number: \_\_\_\_\_

**(IF YOU CHARGE SALES TAX, A COPY OF YOUR MISSOURI RETAIL SALES LICENSE IS REQUIRED BEFORE YOUR BUSINESS LICENSE CAN BE ISSUED)**

Business Phone: \_\_\_\_\_

Business E-mail Address: \_\_\_\_\_

**PHYSICAL BUSINESS ADDRESS**

Address: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

**MAILING ADDRESS**       **Check if same as above**

Address: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**BUSINESS OWNERS**

1) Name: \_\_\_\_\_ 2) Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Email: \_\_\_\_\_

Application and business must be in conformity of Ordinance #131209B of the City of Willard. All licenses must be prominently displayed and renewed each year.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Application

**Contractors Note:** Under the MO Workers Compensation Law, Sec 287.061 RSMo, a contractor applying for a business license from a municipality **must provide proof of insurance coverage with the City of Willard as certificate holder** or an affidavit or exemption form which has been developed by the Division of Workers Compensation in order to obtain a City license.

**For Office Use Only**

Business License Required

Bond Required

Business License Charge: \$ \_\_\_\_\_

Bond Expiration Date: \_\_\_\_\_

Liquor License Required

Sales Tax Number: \_\_\_\_\_

Liquor License Active

No Sales Tax Due

Pre-Treatment Survey

Proof of Workers Compensation Ins.

F.O.G. Needed

**PAYMENT**

Date Paid: \_\_\_\_\_

Cash

Amount Paid: \$ \_\_\_\_\_

Check # \_\_\_\_\_

Date License Issued: \_\_\_\_\_

Credit/Debit Card # \_\_\_\_\_

License No: \_\_\_\_\_

Clerk Initials: \_\_\_\_\_