City Of Willard

Application for City Business License

(Please print or type)

PLEASE COMPLETE THIS APPLICATION FOR YOUR 2016 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, 2015. 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.

BUSINESS INFORMATION

Name: _____Drivers License #_____

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 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 ☐

Business License Charge: $_____

Liquor License Required ☐

Liquor License Active ☐

Bond Required ☐

Bond Expiration Date: _____

Sales Tax Number: _____

No Sales Tax Due ☐

Proof of Workers Compensation_____

PAYMENT

Date Paid: _____

Amount Paid: $_____

Date License Issued: _____

License No: _____

☐ Cash

☐ Check #_____

☐ Credit/Debit Card

Clerk Initials: _____