

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

**PLEASE COMPLETE THIS APPLICATION FOR YOUR 2022 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, 2021. 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 NEED TO 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**

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

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 \_\_\_\_\_

F.O.G. Needed

**PAYMENT**

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

Cash

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

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

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

Credit/Debit Card

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

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