



## City of Marceline BUSINESS LICENSE APPLICATION

BUSINESS NAME & MAILING ADDRESS	BUSINESS INFORMATION
<b>Names/Address:</b>	
_____	Home Business?    Yes    No
_____	Property Owner?    Yes    No
<b>Business Type:</b>	Current License?    Yes    No
Physical Business Address (if different from mailing)	Business Phone: _____
_____	MO Sales Tax ID: _____
_____	Date Opened: _____
Contact Person of Facility In Charge (name, title, home, address and phone)	
_____	
<b>General Information</b>	
Type of Request -----	New Application    Renewal Application
Zoning District: _____	
<b>Applicant Certification</b>	
<p>I certify the information stated on this application is true and correct to the best of my knowledge. I understand that the City may request substantiation for my claim of any information provided. I agree to comply with the provisions of the City ordinance and all applicable laws. I am aware of the penalties for falsifying information on this application.</p>	
_____ Signature	_____ Date
<b>Department Certification (Office Use Only)</b>	
Application Status	Approved    Disapproved
Issue Date _____	Expires _____
Fee \$ _____	Cash    Check    Other
License #: _____	
Staff Signature: _____	Date: _____

**Workers' Compensation Insurance**

Please read the following carefully to determine if you must comply with Missouri Workers' Compensation Law. After reading the following, please sign the Certificate of Insurance.

**Who Must Obtain Workers' Compensation Insurance:**

According to Section 287.030.1 (3) of the Revised Statutes of Missouri (RSMO), an employer is:

1. Any employer with five or more employee; or
2. Any construction industry employers, who erect, demolish, alter, or repair improvements with one or more employees.

**Proof of Workers' Compensation Insurance:**

Pursuant to Section 287.061.1 RSMO, any employer who falls into either of the above categories must provide a Certificate of Insurance (see below) to the city or country in which he wishes to obtain an occupational or business license.

**Certificate of Insurance**

I hereby certify that I have received, read and agree to comply with the State of Missouri's Workers' Compensation Law as set forth above.

Name: \_\_\_\_\_ Dated: \_\_\_\_\_

Workers' Compensation Carrier: \_\_\_\_\_

Effective from: \_\_\_\_\_ to \_\_\_\_\_  
(Provide Copy to City Hall)

\_\_\_ My business is not required to have coverage under the Workers' Compensation Law.

Signature: \_\_\_\_\_ Dated: \_\_\_\_\_