



205 Summit • Richmond, Missouri 64085

(816) 776-5304 • KC Line (816) 470-3540

Fax (816) 776-8216

OCCUPATIONAL LICENSE FORM

EMAIL modell@cityofrichmondmo.org

\$30.00 = 1 person \$40.00 = 2 to 5 people \$60.00 = 6 to 10 people
(+ \$1.50 @ OVER 10)

employees (include self) _____ DATE _____

Certificate of Workers Comp and Liability Insurance must accompany this form when license is for CONSTRUCTION CONTRACTORS

Upon passage of Ordinance #605-010, the following questions need to be answered before receiving a license in the City of Richmond.

All fields must be completed before license is issued.

Name of Business _____

Name of Owner of Business (individual, partnership, joint venture, limited partnership or corporation) _____

Name of Manager/Supervisor (if different) _____

Description of Business (include all activities conducted) _____

Location of Business Premises _____

Mailing address if different _____

Telephone Number _____

Email address _____

Federal ID # (or social security #) _____

State ID # if in SALES _____ NO TAX DUE CERTIFICATE _____

_____ I, the undersigned, live in the City of Richmond and all of my taxes are paid. (Real & Pers Prop)

Signature _____

DUE ON BEFORE DECEMBER 1ST EACH YEAR OR 10% PENALTY WILL BE APPLIED FOR EACH MONTH DELINQUENT—CONTINUE ON BACK→

STATEMENT OF SALES TAX

Please check one of the following:

_____I, the undersigned, declare that my business is **NOT** subject to Missouri Retail Sales Tax and I have confirmed this information with the Missouri Department of Revenue.

_____I, the undersigned, declare that my business is **CURRENT** with all Retail Sales Taxes due as required in RSMo 144. A "NO TAX DUE" certificate is required.

_____I, the undersigned, declare that my business is delinquent in Sales Tax.
(License will not be issued if taxes are delinquent.)

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STATEMENT OF WORKMEN'S COMPENSATION

Please check one of the following:

_____I, the undersigned, declare that my business is **EXEMPT** from compliance with the Missouri Workmen's Compensation Law. (YOU WILL BE REQUIRED TO SIGN MISSOURI FORM 287.061 RSMo)

_____I, the undersigned, declare that my business has complied with the requirements of Missouri Workmen's Compensation Law as stated in RSMo 287 **(YOU MUST ATTACH COPY OF INSURANCE)**

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FOR OFFICE USE ONLY-----	
1)	Additional license and/or inspection required for: ❖ State License for Daycare & Beauty Salons ❖ Health Certificate (Restaurants)
2)	Taxes & Utility Bills Not Delinquent
3)	Zoning Requirements Met & Building Inspection Pass
4)	Fire Inspection Passed
5)	Public Works-Backflow Preventer, Sewer & Water
6)	If Applicable, Inspection of Grease Trap by Waste Water Personnel

DATE	SIGNATURE

Any comments on renewal from Collector, Public Works, Building Inspector or Fire Chief: