

OCCUPATIONAL LICENSE FORM

City of Richmond
205 Summit Street
Richmond, Missouri 64085
(816) 776-2343 or (816) 470-3540
Fax 816-776-8216
modell@cityofrichmondmo.org

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

Employees (include self) _____ Date _____

Certificate of Workers Compensation 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, lives in the city limits of Richmond and all of my taxes are paid which include Real Estate and Personal Property Tax.

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.)

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**)

FOR OFFICE USE ONLY-----	DATE	SIGNATURE
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		
Any comments on renewal from Collector, Public Works, Building Inspector or Fire Chief:		