



P.O. Box 370  
Kimberling City, Missouri 65686  
417-739-4903 • Fax 417-739-2752  
www.ckcmo.com

## BUSINESS LICENSE APPLICATION

New Application

Renewal Application

Name of Corporation/ LLC: \_\_\_\_\_

Name of Business DBA: \_\_\_\_\_

Business Classification: \_\_\_\_\_  
(Example: Massage, Thrift Store, Convenience Store, Super Market, Beauty Shop, Real Estate)

Physical Address:

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Owner of Business: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_

Local Contact Person: \_\_\_\_\_

Local Contact Phone: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Missouri Retail Sales License (MRSL) # \_\_\_\_\_

Businesses that are registered to pay sales tax must provide a Missouri Retail Sales License with the Kimberling City address listed on it. When renewing a business license a current copy of your 'No Tax Due' statement from the Department of Revenue (DOR) needs to be included.

\*To obtain a 'No Tax Due' statement you can go to [www.dor.mo.gov](http://www.dor.mo.gov) and click on online no tax due system on the right hand side of the page OR call 573-751-9268.

Has the name of your business been registered with the Missouri Secretary of State's Office?

Yes it has been registered \_\_\_\_\_ No, I am registered through the DOR \_\_\_\_\_

To register your business name you can go online to [www.sos.mo.gov](http://www.sos.mo.gov)



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Number of Employees: Full Time \_\_\_\_\_ Part Time: \_\_\_\_\_ Working Owners: \_\_\_\_\_  
\*If the business has five or more full time, or part time employees unless determined to be exempt by the State of Missouri include a copy of your workman comp insurance.

Extra Information:

Business License \$25.00  
Prorated to 1/2 in January \$12.50

**PLEASE MAKE CHECKS PAYABLE TO: The City of Kimberling City**  
BUSINESS LICENSES ARE VALID JULY 1<sup>ST</sup>- JUNE 30<sup>TH</sup> EACH YEAR. LICENSES MUST BE RENEWED BY JUNE 30<sup>TH</sup> TO AVOID ANY INTERRUPTION TO DAILY BUSINESS, AND TO AVOID ANY PENALTY FEES THAT MAY BE ASSESSED.

I (the undersigned) have answered all questions on the application, and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial of my license and citations leading to a fine and court cost. On behalf of the business, I acknowledge and agree with the following:

1. Our business cannot operate inside the city limits of Kimberling City without a valid business license.
2. Our business must carry workman compensation insurance unless exempted by state law, and must keep updated proof of insurance on file with City Hall.
3. I understand a license cannot be issued unless a copy of the Missouri Retail Sales License with the correct location address, or a 'No Tax Due' statement has been issued if retail sales are made and all other tax has been paid.
4. I agree to operate the business in accordance to all city ordinance and state laws that affect our business and if found in violation I will be responsible for any fine and court costs.
5. I do not and will not knowingly employ any person who is not legally allowed to work in the United States, and who does not possess a currently valid appropriate work Visa, "Green Card", any I-9 or other required documentation to work in the United States, or a valid social security card.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

OFFICE USE:

Business License # \_\_\_\_\_ Date Received \_\_\_\_\_

Check # \_\_\_\_\_ Fee Paid \_\_\_\_\_ Receipt # \_\_\_\_\_

Workers Comp Received \_\_\_\_\_ DOR Received \_\_\_\_\_ Received By: \_\_\_\_\_