



Business License Application

In accordance with Chapter 605 of the Municipal Code for the City of Oak Grove, Missouri, every person, whether or not located in the City, except those covered under Section 71.620 RSMo, desiring to engage in any business, profession or occupation including building contractors and subcontractors in the City shall be required to obtain an occupation license before engaging in such activity. If you are a contractor or subcontractor, a business license is required before any permit can be issued or inspections will be performed. Licenses expire December 31st.

We are pleased to receive your application to open a new business. In order to obtain approval for a business license for a building you are planning to occupy within the city limits, you must complete the application submit the required information and it must pass inspection by the building official and fire department. The business must meet zoning requirements. Please do not open without approval.

The following items are **to be acquired by the applicant and SUBMITTED** prior to issuance of any license:

- Certificate of Liability Insurance coverage with the City of Oak Grove listed as the certificate holder
- If applicable, Certificate of Insurance for Workers' Compensation coverage with the City of Oak Grove listed as the certificate holder. If your business is exempt, an affidavit, the form of which shall be developed by the Division of Workers Compensation, and signed by the applicant attesting that the contractor is exempt from workers' compensation coverage. (RSMo 287.061)
- Retailer's must submit a copy of your State of Missouri Sales Tax License
- Certificate of NO TAX DUE from the Missouri Department of Revenue. (RSMo Ch144, Sec. 144.083)

Business Name and Address		Date of Application:	
Business Name:		D/B/A:	
Physical Address:		Mailing Address:	
City:	State:	Zip:	City: State: Zip:
Business Phone:		Email Address:	
Owners, Officers, Board Members of Organization and Manager Information (Please list or attach to application name and title of ALL responsible parties include home address and phone)			
Business Owner Name:		Manager/Contact person:	
Home Address:		Home Address:	
City:	State:	Zip:	City: State: Zip:
Phone Number:		Phone Number:	
Name/Title:		Name/Title:	
Home Address:		Home Address:	
City:	State:	Zip:	City: State: Zip:
Phone Number:		Phone Number:	
General Business Information			
Type of request	New	Renewal	Organization: Individual Partnership LLC Corporation Other:_____
Type of Business:	Construction	ELCT	HVAC PLM INS OCC Restaurant Retail Service Other:_____
Master Trade Certification Attached: Electrical Mechanical Plumber			
MO Sales Tax ID:		Nature of Business:	
Federal ID (EIN):		Date Requesting to Open (for new locations):	
Owner SSN (last 4):		Property Owner/Landlord:	
Origination Date:		Number of Employees (excluding owner):	
Applicant Certification			
I certify that 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 as to the number of employees disclosed or any other provided information herein. I agree to comply with the provisions of the City ordinance and all applicable laws. I further certify that I am not in arrears in the payment of any tax, fee or other charge due to the City. I am aware of the penalties for falsifying information on this application.			
Print name:_____		Signature:_____ Title:_____ Date:_____	
City Certification (Office Use Only)			
No pending fees, fines, penalties or other obligations exist for the applicant in order for a business license to be issued or renewed.			License Number: _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	City Clerk x_____	Date:_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied	<input type="checkbox"/> Inspected Building Official x_____	Date:_____
Date Paid:_____		Fee \$_____	Cash_____ Check No._____ Other_____ Date Sent:_____

- THIS IS NOT A PERMIT TO OCCUPY A BUILDING -

return to: businesslicense@cityofoakgrove.com

Please allow 2-3 business days to process

WORKERS' COMPENSATION INSURANCE

Please read the following carefully to determine if you must comply with the 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:

- 1. with five or more employees; 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 county 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 Workers' Compensation Law as set forth above.

Print Name: _____ Date: _____

Workers' Compensation Carrier: _____

Effective from: _____ to _____

(Provide copy of Certificate of Liability Insurance with the City of Oak Grove as the certificate holder with application)

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

Signature: _____ Date: _____