



## 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)

**FEE \$25**

(after July 1st \$12.50)

<b>Business Name and Address</b>		<b>Date of Application:</b>		
Business Name:		D/B/A:		
Physical Address:		Mailing Address:		
City:	State:	Zip:	City:	State:
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:** \_\_\_\_\_

Approved  Denied      City Clerk x \_\_\_\_\_ Date: \_\_\_\_\_

Approved  Denied  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@cityoakgrove.com](mailto:businesslicense@cityofoakgrove.com)

Please allow 2-3 business days to process

## **WORKERS' COMPENSATION INSURANCE GUIDELINES**

Please read the following carefully to determine if you must comply with the Missouri Workers' Compensation Law. **WHO MUST OBTAIN WORKERS' COMPENSATION INSURANCE?**

According to Section 287.030.1(3) of the Revised Statutes of Missouri (RSMo), employers who must obtain the insurance are:

- Any employer with five or more employees; or
- Any construction industry employers who erect, demolish, alter or repair 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** to the city, community or county in which he/she wishes to obtain an occupational or business license.

I hereby certify that I have received, read and agree to comply with the State of Missouri Workers' Compensation Law as set forth above and verify my business (choose one):

Has five (5) or more employees and have a Certificate of Insurance

Has one (1) or more employees in the construction industry and have a Certificate of Insurance

Is not construction related and have zero to four (0-4) employees (not required)

Is construction related but have zero (0) employees (not required)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Effective from: \_\_\_\_\_ to \_\_\_\_\_

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

### **Building Inspection Requirement**

Only businesses located INSIDE CITY LIMITS may not open without a safety inspection from the Building Official and Sni Valley Fire Department. Any existing issues with the Planning/Zoning and/or Public Works Departments must also be satisfied before issuance of license.

I, \_\_\_\_\_, owner/manager of \_\_\_\_\_ (Business Name) have read the above information. I understand and agree that I will not open for business until the appropriate inspections are completed and approved.

Date requesting to open: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_