

**CITY OF FULTON, BUSINESS LICENSE RENEWAL APPLICATION**  
**MARCH 1, 2010 - FEBRUARY 28, 2011**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone: \_\_\_\_\_ After Hours Phone: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Owner/Manager: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Owner's Home Address: \_\_\_\_\_

Owner's SS# \_\_\_\_\_ Owners Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

1. Did you have a business license for any portion of the period from March 1, through February 28, of the previous year? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Is this a Minority, Female or Section 3 owned business? (for bidding purposes only) \_\_\_\_\_ YES \_\_\_\_\_ NO

3. State Sales Tax Number: \_\_\_\_\_

**Sec. 22-106 Tax**

All businesses operating within the City of Fulton shall pay the following tax, based on the total gross receipts from the previous calendar year.

**FEES: Circle One**

\$ 50,000 or less.....\$ 25.00	\$ 300,000 to 400,000.....\$200.00
50,000 to 100,000.... \$ 50.00	400,000 to 500,000.....\$250.00
100,000 to 200,000.... \$100.00	500,000 to 1,000,000.....\$300.00
200,000 to 300,000.... \$150.00	over 1,000,000.....\$350.00

For each and every month or fraction thereof, except the month of March, any license tax that remains unpaid, after the same becomes due and payable, there shall be added to such license a penalty of 5% per month of that amount of the license tax. The penalty herein provided shall be in addition to all other penalties elsewhere provided for the violation of the provisions of this ordinance.

I certify that all the above information is correct.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date

1. Corporate application to be signed by officer.
2. Changes in status of license to be forwarded to City Clerk.
3. Contact the City Clerk's Office at (573)592-3111 or P.O. Box 130, Fulton, MO 65251 if you do not intend to renew your license.

**\* The following items must be returned to receive your license \***

COMPLETED APPLICATION                      RENEWAL FEE (BASED ON GROSS RECEIPTS)  
A COPY OF YOUR 2009 PAID TAX RECEIPTS (PERSONAL AND PROPERTY)

WORKER'S COMPENSATION INSURANCE CERTIFICATION  
BUSINESS LICENSE ADDENDUM

I, \_\_\_\_\_, certify that:

- \_\_\_ I have the necessary Worker's Compensation Insurance coverage as required by state law to do business in Missouri.
- \_\_\_ I am exempt because I have fewer than five(5) employees [one(1) if construction].

Further, I understand that, in addition to other penalties and sanctions as provided by state law, I am subject to revocation of the business license issued by the City of Fulton, if I do not maintain adequate worker's compensation coverage as required by state law.

Business Name: \_\_\_\_\_

By: \_\_\_\_\_  
Signature

Title: \_\_\_\_\_

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

**NOTE: This addendum must be filled out and returned with your business license application or your license will not be issued.**