

**NEW BUSINESS LICENSE APPLICATION  
CITY OF FULTON, MISSOURI**

FALSE STATEMENTS MAY RESULT IN DENIAL OR REVOCATION OF LICENSE AND ARE PUNISHABLE BY LAW.

DATE \_\_\_\_\_

**Application must be filled out completely and returned with fee to:**  
**City of Fulton, P. O. Box 130, Fulton, MO 65251.**

1. Business name sought to be licensed \_\_\_\_\_
2. Address \_\_\_\_\_
3. Mailing address, city, state, zip \_\_\_\_\_
4. Is business a: Sole proprietorship? \_\_\_\_\_ Corporation? \_\_\_\_\_ Partnership? \_\_\_\_\_
5. Applicant's name: \_\_\_\_\_ Address: \_\_\_\_\_
6. Owners Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
7. Phone number of business: \_\_\_\_\_ After hours phone Number \_\_\_\_\_
8. Name of Insurance Co. \_\_\_\_\_ Drivers License # \_\_\_\_\_
9. Is applicant a U.S. Citizen? \_\_\_\_\_ If not, citizen of what country? \_\_\_\_\_
10. Answer "yes" or "No":(to be answered by applicant or by officer of corporation on behalf of corporation.
  - a. Are you in default under the provisions of the licensing ordinance, or are you indebted to the City of Fulton? \_\_\_\_\_(If so, give full details)
  - b. Have you ever been convicted for any criminal offense in any court other than minor traffic offenses? \_\_\_\_\_(If so, give full details)
11. How many employees does your business employ within the City of Fulton? \_\_\_\_\_
12. Give a summary of the business activities your business will engage in? \_\_\_\_\_
13. Are you currently engaged in another business within the City of Fulton(in addition to the one for which application is herein made? If so give details)
14. Do you sell cigarettes? \_\_\_\_\_ Over the counter? \_\_\_\_\_ By vending machine? \_\_\_\_\_  
Who is your cigarette supplier? \_\_\_\_\_

15. State Retail Sales Tax Number \_\_\_\_\_  
 According to Missouri Rev. Statutes 1969, Sec. 144.083, all persons engaged in the business of Sales at Retail shall procure a retail sales license from the Dept. Of Revenue, State of Missouri, prior to making sales at retail.

Sec. 16-63 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. New business licenses are a flat fee that is prorated throughout the year. Licenses expire on the last day of February.

Application date:	License Fees:
March, April, May	\$25.00
June, July, August	\$18.75
September, October, November	\$12.50
December, January, February	\$ 6.25

16. STATE OF MISSOURI )  
 COUNTY OF CALLAWAY )

I state that I am the applicant and hereby declare all statements to be true and correct. The business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, etc. will be immediately returned to City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified.

\_\_\_\_\_  
 Applicants Signature

NOTE: If business for which a license is requested is a corporation, only an officer of the corporation or duly authorized agent may sign this application.

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
 Notary Public

My commission will expire\_\_\_\_\_.

**\*\* Prior to opening, all new businesses (if applicable) must be fire inspected. Food related businesses will also need a health inspection.**

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.**