



**WORKER'S COMPENSATION INSURANCE CERTIFICATION
BUSINESS LICENSE ADDENDUM**

I, _____, certify that:
(Please Print Name)

Choose One:

___ 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: _____
(Please print)

Signature: _____

Title: _____

Date: _____

NOTE: The above addendum must be filled out and returned with your business license application, or your license will not be issued.



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

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

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

1. Date of Application: _____
2. Business Name sought to be licensed: _____
3. Location Address: _____
4. Mailing Address: _____
5. Is business a: Sole proprietorship? _____ Corporation? _____ Partnership? _____
6. Applicant's Name: _____ Address: _____
7. Owners Social Security #: _____ Date of Birth: _____
8. Phone # of business: _____ After Hours Phone #: _____ E-mail: _____
9. Name of Insurance Co.: _____ Drivers License #: _____
10. Is applicant a U.S. Citizen? _____ If not, citizen of what country? _____
11. 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)
12. How many employees does your business employ within the City of Fulton? _____
13. Give a summary of the business activities in which your business will engage? _____

14. 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)
15. Do you sell cigarettes? _____ Over the counter? _____ By vending machine? _____
Who is your cigarette supplier? _____

16. Does your business collect retail sales tax? _____YES _____NO

17. Missouri Tax Identification Number: _____

This number must be provided by any business that collects retail sales tax or your application will be returned. 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.

18. Sec. 16-63 Tax

New business licenses are charged a flat fee that is pro-rated 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

19. 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 the 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.

Applicant 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.

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