

CITY OF ST. ROBERT

M I S S O U R I



BUSINESS LICENSE APPLICATION

DATE _____

BUSINESS NAME _____

PHYSICAL LOCATION _____

BUSINESS MAILING ADDRESS _____

BUSINESS PHONE _____ HOME NUMBER _____

SALES TAX NUMBER _____ E-MAIL _____

BUSINESS OWNER'S NAME _____

DESCRIPTION OF BUSINESS _____

EMERGENCY CONTACT NUMBERS FOR BUSINESS

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

NAME _____ PHONE _____

ADDRESS _____

Mayor: George Sanders
City Administrator: Norman Herren
Asst. City Administrator: Chris Heard
City Clerk: Debra A. Adkins

194 Eastlawn Ave., Ste. A
St. Robert MO 65584
Phone: (573) 451-2000
Fax: (573) 336-5714

CITY OF ST. ROBERT

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BUSINESS LICENSE WILL NOT BE ISSUED WITHOUT A STATE LICENSE

BUILDING MUST COMPLY WITH ZONING REGULATIONS AND HAVE FINAL INSPECTION FROM BUILDING DEPARTMENT BEFORE LICENSE WILL BE ISSUED.

ACCORDING TO STATE LAW "ANY CITY OF COUNTY" WHICH ISSUES AN OCCUPATIONAL OR BUSINESS LICENSE SHALL REQUIRE A CERTIFICATE OF INSURANCE FOR WORKERS COMPENSATION COVERAGE IF THE APPLICANT FOR THE LICENSE IS REQUIRED TO COVER HIS LIABILITY UNDER CHAPTER 287, RSMO.

IF YOU ARE REQUIRED BY LAW TO HAVE WORKERS COMPENSATION COVERAGE, YOU MUST PROVIDE A CERTIFICATE OF INSURANCE TO THIS OFFICE BEFORE LICENSE WILL BE ISSUED.

DATE _____

NUMBER OF EMPLOYEES _____

SIGNATURE OF APPLICANT _____

IF YOU HAVE ANY FUTHER QUESTIONS PLEASE FEEL FREE TO CALL THE CITY COLLECTORS OFFICE (573-451-2000 EXT 1100).

FAX NUMBER CITY COLLECTORS OFFICE (573-336-7789)

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