

OCCUPATIONAL LICENSE FORM

205 SUMMIT ST
for City of Richmond
Richmond, Missouri

(816) 776-2343/(816) 470-3540 ext 105 FAX #816-776-8216
EMAIL modell@cityofrichmondmo.org

\$30.00 = 1 person \$40.00 = 2 to 5 people \$60.00 = 6 to 10 people
(+ \$1.50 @ OVER 10)

of employees(include self) _____ DATE _____

“ANY TYPE OF CONTRACTOR/CONSTRUCTION/ELEC/PLBG”
Copy of Liability Insurance must accompany this form. (Construction)

Upon passage of Ordinance #1121, Bill 656, April 8, 1981, the following questions have to be answered before receiving a license in the City of Richmond.

Name of Business _____

Name of Owner of Business (individual, partnership, joint venture, limited partnership or corporation) _____

Name of Manager or Supervisor of Business _____

Description of Business (include all activities conducted) _____

Location of Business Premises _____

Telephone Number _____

Federal ID # (or social security #) _____

State Sales Use #(if applicable) _____

Name of any other officers _____

Signature _____

DUE ON BEFORE DECEMBER 1ST EACH YEAR OR 10% PENALTY WILL BE APPLIED FOR EACH MONTH DELINQUENT—CONTINUE ON BACK→

STATEMENT OF SALES & INCOME TAX

Please check one of the following:

_____I, the undersigned, declare that my business is not subject to Missouri Retail Sales Tax and I have confirmed this information with the Missouri Department of Revenue. I also declare that income tax payments are current with all taxing jurisdictions.

_____I, the undersigned, declare that my business is current with all Retail Sales Taxes due as required in RSMo 144. I also declare that income tax payments are current with all taxing jurisdictions.

_____I, the undersigned, declare that my business is delinquent in at least one of the following: Sales Tax &/or Income Tax. (License will not be issued if taxes are delinquent.)

STATEMENT OF WORKMEN’S COMPENSATION

Please check one of the following:

_____I, the undersigned, declare that my business is exempt from compliance with the Missouri Workmen’s Compensation Law. (YOU WILL BE REQUIRED TO SIGN MISSOURI FORM 287.061 RSMo)

_____I, the undersigned, declare that my business has complied with the requirements of Missouri Workmen’s Compensation Law as stated in RSMo 287 (YOU MUST ATTACH COPY OF INSURANCE)

ELECTRICIANS AND PLUMBERS MUST ATTACH COPY OF THEIR MASTERS LICENSE

FOR OFFICE USE ONLY-----		DATE	SIGNATURE
1)	Additional license required for: <ul style="list-style-type: none"> ❖ State License for Daycare & Beauty Salons ❖ Block tests (Masters) Plumber & Electrician ❖ Health Certificate (Restaurants) 		
2)	Taxes Are Not Delinquent		
3)	Utility Bills Paid Current		
4)	Zoning Requirements Met & Building Inspection Pass		
5)	Fire Inspection Passed		
6)	Public Works-Backflow Preventer, Sewer & Water		

Any comments on renewal from Collector, Public Works, Building Inspector or Fire Chief:

