



Basic Business Information (please print):

Name of Business: _____

Mailing Address: _____, Weldon Spring, MO 63304

Name of business/industrial park, or subdivision where located: _____

Business Phone: _____ Fax Number: _____

Email Address: _____ Website: _____

Owner's Name: _____ Manager's Name: _____

Primary Contact's Name (if different from above): _____

After-hours Phone: _____ Cell Number: _____

Business License Renewal
5401 Independence Road
Weldon Spring, MO 63304
(636) 441-2110 phone (636) 441-849

Nature of Business: Retail: Service: Wholesale/Distribution: Office:
Manufacturing: Technology/High Tech:
Research & Development: Temporary:
Other (explain): _____

Is the business a home-based business? Yes No

Brief description of business activities: _____

Anniversary date business was established in Weldon Spring: _____

Federal Tax I.D. (if applicable) or Social Security Number: _____

FOR OFFICE USE ONLY

Reviewed by: _____ Date Reviewed: _____
Amount Due: _____ Payment Date: _____

Approved: Yes: No: If 'No', reason for denial: _____

Missouri Sales Tax I.D. (if retail sales apply; collect 6.45% as overall sales tax rate): _____

Workers Compensation Insurance:

Under state law (RSMo Chapter 287), any business with five (5) or more employees or a construction business with one (1) or more employees is required to have workers compensation insurance. Please answer ALL of the following questions:

- 1. I am a sole proprietor and have no employees. Yes No
- 2. I am a partner in a partnership and have no employees. Yes No
- 3. I am a construction industry employer (an employer who erects, demolishes, alters, or repairs improvements.) Yes No
- 4. Number of employees: ____ Full Time ____ Part Time ____ Total
- 5. Certificate of Insurance for Worker's Compensation Coverage is enclosed.

Yes

No, I am not required to cover my liability under state law RSMo Chapter 287.

These items must be included with this Application in order for the Business License to be processed:

- Business license fee (\$35 for renewals or \$50 for new licenses)
- Copy of current PAID personal property tax receipt
- If you collect Sales Tax enclose a copy of your 'Certificate of No Tax Due' per state law
- Certificate of Insurance for Worker's Compensation Coverage (if required)
- Business card and/or company brochure

Applicant: In compliance with the provisions of RSMo Chapter 287, I hereby acknowledge that I have read this renewal application and state that the above information is correct and agree to comply with all City of Weldon Spring ordinances and state laws regulating business operation.

Applicant Signature: _____ **Date:** _____

Print Name: _____

Relationship to Business/Title: _____