



# Business License Renewal Form –

5401 Independence Road

Weldon Spring, MO 63304

(636) 441-2110 phone (636) 441-8495 fax

## 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: \_\_\_\_\_

## 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: \_\_\_\_\_

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

### FOR OFFICE USE ONLY

Reviewed by: \_\_\_\_\_ Date Reviewed: \_\_\_\_\_

Amount Due: \_\_\_\_\_ Payment Date: \_\_\_\_\_

Approved: Yes:  No:  If 'No', reason for denial: \_\_\_\_\_

**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:** \_\_\_\_\_