



City of Kennett, Missouri

200 Cedar Street, Kennett, MO 63857
Phone: 573-888-9001 Fax: 573-888-4011
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BUSINESS LICENSE APPLICATION

Business Name: _____

Missouri Sales Tax ID: _____

Business Address: _____ Phone: _____

City, State, Zip Code: _____

Manager Name: _____ Phone: _____

Owner Name: _____ Phone: _____

Email Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Emergency Contact Info: _____

Nature of Business: _____

Number of Employees: _____ (Businesses with more than 5 employees and contractors with one or more employees, attach proof of Workers Compensation Insurance per *Section 278.030 RSMo.*)

New: _____ Renewal: _____

I certify that the above information is true and correct to the best of my knowledge, and that I authorize an investigation to be conducted by the City of Kennett, Missouri as necessary for determining my eligibility for insurance of a Business License. I am aware that willfully making a false statement of concealing a material fact can be the basis for rejecting a Business License.

Signature of Applicant: _____ Date: _____

MERCHANTS: *Sections 144.010 to 144.510 RSMo and Sections 143.191 to 143.261 RSMo* require a Missouri Department of Revenue "No Tax Due Certificate" be filed with the City of Kennett prior to a Business License being issued for businesses that charge sales tax.

CONTRACTORS: A Certificate of Insurance, with the City of Kennett listed as an additional insured, for liability insurance with a minimum of \$100,000 coverage must be filed with the City of Kennett prior to a Business License being issued per *Section 520.010* of the City of Kennett City Code.