

**DEKALB COUNTY
APPLICATION FOR MERCHANTS LICENSE**

Joan Pearl, Collector
PO Box 522
Maysville, MO 64469
816-449-5810

For Office Use Only:

Date: _____ License # _____

Business Name: _____

Owner's Name: _____

Mailing Address: _____

Telephone #: _____

State Sales Tax ID #: _____

Business Location: _____
(If different from mailing address)

Do you employ five or more people? YES or NO

If NO, sign here: _____

Signature

If YES: I hereby certify that all requirements of RSMo Section 287 concerning Workman's Compensation Insurance have been compiled with:

Signature

** No longer in business, date closed: _____

Return this form and a copy of your state sales tax certificate (unless previously submitted) along with a check for **\$25.00**, made payable to DeKalb County Collector. Upon receipt, a license will be mailed to you. License renewal statements are sent out during November each year and due December 31. If you have additional county taxes to pay, you may include it in one check. If you are no longer in business, please indicate on this letter and return.