

**VILLAGE OF CLAYCOMO  
BUSINESS LICENSE APPLICATION**

	Business License Application Filled Out and Signed	Claycomo Taxes Must Be Paid	Retail Sales License Required	No Tax Due Letter Required	Proof of Annual Gross Receipts	License Fee	Certificate of Liability Insurance
RETAIL SALES WITH LOCATION IN CLAYCOMO	X	X	X	X	X	X	X
RETAIL SALES WITHOUT LOCATION IN CLAYCOMO	X		X	X	X	X	X
SERVICE WITH A STORE FRONT IN CLAYCOMO	X	X				X	X
SERVICE WITHOUT A STORE FRONT IN CLAYCOMO	X					X	X
USED CAR SALES (CAR SALES ONLY)	X	X	X		X	X	X
USED CAR SALES AND SERVICE	X	X	X	X	X	X	X

**BUSINESS NAME**

NAME OF BUSINESS OWNER \_\_\_\_\_

BUSINESS OWNER MAILING ADDRESS \_\_\_\_\_

BUSINESS MAILING ADDRESS \_\_\_\_\_

BUSINESS PHYSICAL ADDRESS \_\_\_\_\_

BUSINESS PHONE NUMBER \_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_

BUSINESS WEBSITE ADDRESS \_\_\_\_\_

BUSINESS EMAIL ADDRESS \_\_\_\_\_

NATURE OF THE BUSINESS \_\_\_\_\_

NEW BUSINESS LICENSE \_\_\_\_\_

LICENSE RENEWAL \_\_\_\_\_

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**NO TAX DUE CERTIFICATE**

Missouri Senate Bill 30, cities, counties and state agencies must require a statement of no tax due from the Department of Revenue before issuing or renewing any city or county occupational license or any state license required fro conducting any business where goods are sold at retail. The State of Missouri has established a website for businesses to access in order to acquire the "No Tax Due" statement. <http://dor.mo.gov/tax/business/sales/notaxdue/index.htm>  
If you have questions regarding this requirement, please contact the Missouri Department of Taxation Customer Service Division at 573-751-9268.

**Missouri House Bill 1549**

**Illegal aliens and Immigration Status Verification, requires that any business that knowingly employs an illegal alien will result in the suspension of a company's applicable local licenses, permits, or exemptions. Signature of the applicant is required to attest to compliance of this bill.**

**AFFIDAVIT (Immigration Compliance) \*REQUIRED\***

Comes now \_\_\_\_\_, owner of the business known as \_\_\_\_\_ and being duly sworn states that the said business known as \_\_\_\_\_ does not employ illegal aliens and, furthermore, complies with all rules and regulations required in State of Missouri HB 1549.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFFIDAVITS (Complete only those that apply)**

**AFFIDAVIT (Sole Proprietorship/Partnership)**

Comes now \_\_\_\_\_, owner of the business known as \_\_\_\_\_ and being duly sworn states that the said business known as \_\_\_\_\_ is not required to have worker's compensation coverage pursuant to Chapter 287 of the Revised Statutes of Missouri.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFFIDAVIT (Corporation)**

Comes now \_\_\_\_\_, (name), the \_\_\_\_\_ (title) of \_\_\_\_\_, a Missouri corporation and being first duly sworn states that he/she is duly empowered by the corporation to execute this Affidavit, and that the corporation is not required to have worker's compensation coverage pursuant to Chapter 287 of the Revised Statutes of Missouri.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**AFFIDAVIT (Sole Proprietorship/Partnership)**

Comes now \_\_\_\_\_, owner of the business known as \_\_\_\_\_ and being duly sworn states that the said business known as \_\_\_\_\_ does not sell retail merchandise and therefore is not required to remit sales tax to the State of Missouri Department of Revenue.  
Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Acknowledgement and authorized signatures (both signatures required)**

I, the undersigned do hereby authorize the submittal of this application and associated documents and certify and affirm by my signature that all information I have provided herein is true and correct. I do hereby agree to abide by and comply with all applicable Claycomo Municipal Codes and conditions of approval. I further understand that any violations from the provisions of said codes and conditions of approval shall constitute cause for the retraction of this permit, and enforcement and penalties as prescribed by the Claycomo Codes shall be applied. I understand that this application is non-transferable and that changes may require submittal of a new application. I understand that in any case, this application must be renewed annually.

Business Owner (printed name) \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Property Owner (printed name) \_\_\_\_\_ Title \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**BRIEF DESCRIPTION OF BUSINESS OPERATIONS:**

**For Village Office Use Only:**

Application Accepted as completed and approved by the Board of Trustees \_\_\_\_\_ Date \_\_\_\_\_

**PAYMENT INFORMATION:**

Check Number \_\_\_\_\_  
License Fee (minimum \$25.00) \_\_\_\_\_  
**Penalty 10% each month past due** \_\_\_\_\_  
Total Enclosed \_\_\_\_\_

**LICENSE FEES:**

Retail Sales License Fee: Gross receipts multiplied by .0001 with a minimum of \$25.00  
Service License Fee: \$25.00 flat rate  
**10% penalty per month after July 1st**