

CITY OF DESLOGE
APPLICATION FOR BUSINESS LICENSE

BUSINESS INFORMATION

Business Name:
Doing Business as:
Location Address:
Location Phone #
Contact email
Owner/Contact:
Contact Phone #
Mailing Name & Address if different:
Number of Employees:
Retail Sales Tax ID:
Date Business Started:
Type of Business:
In Case of Emergency Contact:
Phone Number:
Comments:

APPLICANT'S INFORMATION

Are you the owner of the property where the business is being located: yes no
Property Owner:
Address:
City:
State:
Zip Code:

The State of Missouri requires that verification of Workers' Compensation Insurance be given before any municipality can issue a business license. Please check the correct statement below:
I have attached verification or workers' compensation insurance.
I am not required by the State of Missouri to carry workers' compensation insurance.

APPLICANT'S STATEMENT

I attest that answers given herein are true and complete to the best of my knowledge. I further understand that any false or misleading information given in this application may result in revocation of any business license issued by the City of Desloge. I authorize release of any information from Police and Court records to the City of Desloge, Missouri.
Under Oath, I affirm that I participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal Law to work in the United States.

Signature of Applicant:
Print Name:
Date:

NOTE: *The possession of a retail sales tax license shall be in prerequisite to the issuance of an City or County occupation license or any state license which is required for conducting any business where goods are sold at retail. The revocation of a retailers license by the director shall render the occupational license of the state null and void.* RSMo. 144.083