



**CITY OF ST. CLAIR
MERCHANT & BUSINESS LICENSE APPLICATION
1 PAUL PARKS DRIVE
ST. CLAIR, MO 63077
636-629-0333**

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

HOME PHONE: _____

NATURE OF BUSINESS, MANUFACTURED ITEMS, OR SERVICES PROVIDED:

ZONING DISTRICT: _____

MISSOURI SALES TAX IDENTIFICATION NUMBER: _____

OWNER(S) OF BUSINESS

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIPCODE)

PHONE: _____ EMERGENCY PHONE: _____

NAME: _____
(FIRST) (MIDDLE) (LAST)

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIPCODE)

PHONE: _____ EMERGENCY PHONE: _____

THE WORKERS COMPENSATION REFORM BILL MANDATES THAT A CITY, WHICH ISSUES BUSINESS LICENSE “REQUIRE A CERTIFICATE OF INSURANCE FOR WORKERS COMPENSATION COVERAGE.” ALL BUSINESSES WITH FIVE (5) OR MORE (INCLUDING PART-TIME AND TEMPORARY) EMPLOYEES MUST PROVIDE INSURANCE (EXCEPT THOSE WITH ONLY TWO (2) OWNERS AND NO OTHER EMPLOYEES).

CERTIFICATION OF WORKERS COMPENSATION

I, _____, CERTIFY THAT I HAVE SUCCESSFULLY OBTAINED WORKERS COMPENSATION COVERAGE AS AN EMPLOYER DEFINED UNDER RSMO. 287.030, OR

I, _____, CERTIFY THAT I AM NOT REQUIRED TO PROVIDE WORKERS COMPENSATION COVERAGE AS EXEMPTED UNDER RSMO. 287.090

IT IS UNLAWFUL, PURSUANT TO SECTION 287.128 RSMO. FOR ANY APPLICANT TO PROVIDE FRAUDULENT INFORMATION.

ARE ANY TAXES OR DELINQUENT BILLS OWED TO THE CITY OF ST. CLAIR AND/OR THE STATE OF MISSOURI?

NO: _____ YES: _____ IF YES, PLEASE EXPLAIN: _____

ANY RETAIL BUSINESS CHARGING SALES TAX WILL NEED TO SUBMIT WITH THIS APPLICATION A STATEMENT FROM THE MISSOURI DEPARTMENT OF REVENUE STATING NO TAX IS DUE. THESE STATEMENTS CAN BE OBTAINED ON THE WEBSITE AT: www.dor.gov/tax IF A “NO TAX DUE” LETTER CANNOT BE ISSUED, YOU WILL NEED TO CONTACT THE MISSOURI DEPARTMENT OF REVENUE LOCAL TAX UNIT AT-- **573-522-1160**

*****THE CITY BUSINESS LICENSE WILL NOT BE ISSUED WITHOUT THE TAX STATEMENT LISTED ABOVE.**

I/WE HEREBY DECLARE THAT THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY/OUR KNOWLEDGE AND UNDERSTAND THAT ANY FALSE OR MISLEADING STATEMENTS MAY BE GROUNDS FOR REVOCATION OR SUSPENSION OF THIS CITY LICENSE. VIOLATIONS OF CITY, STATE, OR FEDERAL LAWS MAY BE GROUNDS FOR SUSPENSION OR REVOCATION OF THIS LICENSE.

SIGNATURE: _____ DATE: _____

SIGNATURE: _____ DATE: _____

1. IF RENTING OR LEASING THE BUSINESS SITE:

LANDLORD NAME: _____

ADDRESS: _____

PHONE: _____ EMERGENCY PHONE: _____

2. CONSTRUCTION, BUILDING, ROOFING, PLUMBING, HVAC, EXCAVATION JOBS, AND ETC.

PLEASE LIST LEAD MAN, FOREMAN, AND OR THE PERSON RESPONSIBLE FOR THE JOB.

NAME: _____ PHONE: _____

IF THE BUSINESS IS WITHIN THE CITY LIMITS OF ST. CLAIR THERE IS A DEPOSIT REQUIRED ON CITY UTILITIES FOR WATER, SEWER, AND TRASH DUE AT THE TIME LICENSE IS PURCHASED.

ADDITIONAL INFORMATION

THE FOLLOWING INFORMATION IS NEEDED SO THAT EMERGENCY SERVICES (POLICE, FIRE, & AMBULANCE) CAN BETTER SERVE YOUR BUSINESS. IF ANY INFORMATION LISTED BELOW CHANGES, PLEASE CONTACT CITY HALL.

EMERGENCY CONTACT (AFTER HOURS), WHO HAS A KEY.

NAME: _____
PHONE: _____ CELL PHONE: _____

NAME: _____
PHONE: _____ CELL PHONE: _____

DO YOU OR WILL YOU HAVE AN ALARM SYSTEM IN USE IN YOUR BUSINESS? YES ___ NO ___

IF YES, PLEASE PROVIDE DETAILS BELOW:

NAME OF COMPANY: _____
WILL ALARM RESET? _____
SYSTEM SPECIFICS: _____

OTHER INFORMATION: (PLEASE ANSWER YES OR NO ON EACH ITEM.)

HANDICAPPED PERSONS: ___ (IF YES PLEASE EXPLAIN BELOW)

HAZARDOUS CHEMICALS: ___ (IF YES PLEASE EXPLAIN BELOW)

SPECIAL SECURITY RISKS: ___ (IF YES PLEASE EXPLAIN BELOW)

GUARD DOGS: ___ (IF YES PLEASE EXPLAIN BELOW)

GUNS AND OR AMMUNITION: ___ (IF YES PLEASE EXPLAIN BELOW)

EXPLOSIVES, PROPANE/NATURAL GAS, & ETC. YES ___
(IF YES PLEASE EXPLAIN BELOW)

- 1. THE BUILDING INSPECTOR HAS TO INSPECT ANY BUILDING OR BUSINESS IN THE ST. CLAIR CITY LIMITS BEFORE THE BUSINESS LICENSE WILL BE ISSUED.**

- 2. THE FIRE DEPARTMENT HAS TO BE CONTACTED AS THEY ALSO INSPECT BUILDINGS & BUSINESS FRONTS.**

- 3. CITY LICENSE IS VALID
FEBRUARY 1ST THROUGH JANUARY 31ST.
RENEWAL NOTICES ARE SENT EACH YEAR TO
ADDRESS PROVIDED.**

ALL FIVE PAGES MUST BE COMPLETED BEFORE YOUR APPLICATION WILL BE CONSIDERED.