

CITY OF
Warsaw
Business License Application

Licenses are effective from date issued and will expire on June 30th. Renewal cycle is July 1 – June 30. Renewal applications not received by June 30th will be subject to a late fee of 5%; with an additional 5% penalty assessed the first of each month thereafter. Renewals delinquent past August 31st, will be subject to having their license revoked.

NEW license applications received after January 1st will be prorated by 50%.

Business Name: _____

Mailing Address: _____

Physical Location: _____

Type of Business:

- | | |
|----------------------|---------------|
| 1. _____ | Fee: \$ _____ |
| 2. _____ | Fee: \$ _____ |
| 3. _____ | Fee: \$ _____ |
| Total Fees: \$ _____ | |

Owner's Name: _____ Phone _____

Email Address: _____

Website Address: _____

**A COPY OF ANY STATE AGENCY REQUIRED LICENSE OR CERTIFICATION
MUST ACCOMPANY THIS APPLICATION**

*All applicants conducting retail sales are required to submit a statement from the Missouri Department of Revenue that the licensee owes No Tax Due under sections 144.010 to 144.510 or sections 143.191 to 143.261 RSMo. The date of issuance on the statement shall not be more than ninety days before the date of submission of application or renewal.

Attach Certificate of No Tax Due.

Retail Sales Tax # as issued by the Department of Revenue: _____

Business Category:

Contractor/Subcontractor	Personal Svc	Food Svcs Liquor?	Retail A B C Liquor? Food?	Professional/Business Services
Convenience Store Food? Liquor?	Lodging A B	Automotive A B	MFG/Industrial	

*All businesses applying for a City of Warsaw business license must be registered with the Secretary of State. **Attach verification. (Minimum fictitious name registration)**
Sole Proprietorship _____ Corporation _____ LLC/LLP/LLLP _____

Worker's Compensation Coverage - If you are a contractor in the construction industry, with one or more employees other than yourself, you are required by State Statute RSMO.287.061 to provide a certificate of insurance for workers' compensation coverage or an affidavit (Form WC-134) from Division of Workers' Compensation signed by the applicant attesting that the contractor is exempt. Exemption forms are available in City Office. Number of full/part time employees: _____ Sole Proprietorship: _____
(Note: You may be requested to provide your most recent employee listing registry.)

Is a certificate of insurance required? Yes ____ No ____

If yes, please instruct your insurance carrier to forward the certificate to us. If no, Affidavit of Exemption must be completed.

License will NOT be issued until we receive either certificate of coverage or affidavit of exemption.

For any business located within the City limits of Warsaw, Missouri, no license shall be issued until all relevant real estate and personal property taxes relating to the business have been paid in full.

Is the business located in Warsaw? Yes ____ No ____ **If yes, attach copy of paid tax receipts.**

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Warsaw tax regulations and, to the best of my knowledge and belief, are true, correct and complete.

Signature of Applicant: _____ Date: _____

Printed Name: _____

FOR CITY USE ONLY:

License Fee based on 2020 City of Warsaw fee schedule \$ _____ Late Fee \$ _____

Total amount Collected \$ _____ Zoning Location: _____ Approval: _____

Verification of registration with Missouri Secretary of State _____

Worker's Compensation Coverage or Affidavit of Exemption attached _____

All applicable taxes paid and receipts attached _____

Certificate of No Tax Due (where applicable) attached _____

Copy of State License/Certification (where applicable) attached _____

Please mail or deliver all documentation & payment to:

City of Warsaw

PO Box 68 - 201 West Main Street

Warsaw, MO 65355

Or return in person at 181 W. Harrison

Any questions, please call 660-438-5522.