

City of De Soto ***Business License Application***

New Application

Permit #: _____

Amended Application

Fee: _____

Date: _____

Business Information

Business Name: _____

Business Owner: _____

Mailing Address: _____ City: _____ State/Zip: _____

Physical Address: _____ City: _____ State/Zip: _____

Phone Number: (____) _____ Fax: (____) _____ Cell Phone: (____) _____

Federal ID: _____ Missouri Sales Tax ID: _____

Business Start Date: _____

General Description of Business: _____

Does your business have employees (other than yourself)? **Y or N**

If yes: Please provide the number of employees full-time _____ part-time _____

Are all of your employees **lawfully** present in the United States? **Y or N**

Is your business retail in nature? **Y or N**

Are all local taxes paid in accordance with City Code Section 605.240 (1)? **Y or N**

Is the business located in a residence? **Y or N**

Does your business sell any food items (including soda and packaged food)? **Y or N**

If restaurant, does your business plan to serve alcoholic beverages? **Y or N**

Has the Jefferson County Health Department completed the inspection? **Y or N** Date: _____

(If yes, please attach inspection approval form)

Is there more than one business located at the same address? **Y or N**

(Next Question For Construction Contractor's Only)

Are you required to have workers' compensation insurance? **Y or N**

(If yes, please provide certificate)

(If no, and applicable, please provide an Affidavit of Exemption for Workers' Compensation Insurance Pursuant to § 287.061, RSMo.)

Owner Information

Principal Owner: _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Cell: (____) _____
Date of Birth ____/____/____ S.S.N. or Driver's Lic. # _____

Secondary Owner: _____
Address: _____ City: _____ State/Zip: _____
Phone: (____) _____ Cell: (____) _____
Date of Birth ____/____/____ S.S.N. or Driver's Lic. # _____

Personal/Business References

Name: _____ Name: _____
Address: _____ Address: _____
City/State/Zip: _____ City/State/Zip: _____
Phone: _____ Phone: _____

Background Information

Have you ever *plead guilty* to or been *convicted* of any crime, (felony or misdemeanor) or violation of any municipal ordinance other than moving or non-moving traffic violations? **Yes or No**
If yes, please list convictions:

Alarm Information

(For locations within City Limits only)

Is an alarm system used at your business location? **Y or N**
(If, the answer is yes, please complete the appropriate sheet attached to this application)

Acknowledgment

The City reserves the right to suspend or revoke any business license at any time, if any information provided on this application is found to be false.

*I, being first duly sworn upon my oath, state that I am the _____ of the above
referenced business and the information given in this application is true and accurate to the best
of my knowledge and belief. I understand that false statements made in this filing are subject to
penalties provided under Section 575.040, RSMo. and that my business license may be immediately
suspended or revoked if any information on this application is found to be false. I do hereby
acknowledge that I am at least 18 years of age or older.*

Signature: _____ Date: _____
Signature must be owner or authorized personnel.

Subscribed and sworn to before me this ____ day of _____, 20____.

My Commission Expires:

Notary Public

Office Use Only

Property Zone: _____

Home Occupation Approval Date: _____

Approved by Building Inspector Approved by Fire Inspector

Approved by Chief of Police

Finance Director _____ Date _____

City Clerk _____ Date _____

City Manager _____ Date _____