



Office of City Clerk
 300 North Coal Street
 Mexico, Missouri 65265
 Voice: 573.581.2100
 Fax: 573.581.2236
 www.mexicomissouri.net

Please complete the enclosed business license application by furnishing all information requested, signing before a notary, and returning with your check for the proper amount.

The license fee is based on classification as indicated below and number of employees. In determining the number of employees for Class “A”, “B” and “C” include the average number of persons listed on the quarterly Social Security or Workman’s Compensation Reports for the last two quarters, in the conduct of business.

The classes so specified are “A”, “B”, “C” & “S” – Special. The following fees apply:

Class “A”and “C”

Less than 8 employees \$25.00
 From 8-39 employees 50.00
 From 40-199 employees 100.00
 200 or more employees..... 200.00
 Additional fee – Plumber 30.00
 Additional fee – Electrician 30.00

Class “B”

Less than 8 employees.....\$50.00
 From 8-39 employees.....100.00
 From 40-199 employees.....200.00
 200 or more employees400.00

Class “S”

Fee to be Determined

Classification for your license is:

LICENSE CODE: _____ **TOTAL DUE** _____

As of 2009, all businesses with a Missouri Retail Sales Tax Number must show a statement of “No Tax Due” from the Missouri Department of Revenue before license will be issued or renewed.

Receipt of payment does not constitute automatic issuance of license.

ADDITIONAL REQUIREMENTS OF CONTRACTORS:

The City must have a copy of your certificate of insurance before license is issued. Contractors must show proof of Workman’s Compensation insurance, if they have any employees. If no employees, waiver must be signed.

If you have any questions, please do not hesitate to call the City Clerk’s Office.

Sincerely,

Marcy LeCount
 City Clerk

MEXICO, MISSOURI BUSINESS/MERCHANT LICENSE APPLICATION

Amount Paid \$

FOR OFFICE USE ONLY	LICENSE PERIOD	BUSINESS LICENSE #
	___ New ___ Renewal ___ Cash ___ Check	

PLEASE PRINT – **INCOMPLETE APPLICATIONS WILL BE RETURNED**

Legal Business Name Business Property Address License Class

Attention/DBA Business Phone No. Night Person Contact/Phone No.

Mailing Address City State Zip

- Type of Business:
- | | | | | |
|---|-------------------------------------|--------------------------------------|---|--|
| <input type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Gas/Conv | <input type="checkbox"/> Pawn | <input type="checkbox"/> Contractor | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Entertainment | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Real Estate | <input type="checkbox"/> Electrician | <input type="checkbox"/> Other |
| <input type="checkbox"/> Financial Svc | <input type="checkbox"/> Insurance | <input type="checkbox"/> Retail | <input type="checkbox"/> Plumber | |
| <input type="checkbox"/> Food Sales/Svc | <input type="checkbox"/> Massage | <input type="checkbox"/> Service | <input type="checkbox"/> Beauty/Barber Shop | |

Nature of Business. List any change in or addition to business activities since last license application? (Give details)

Please Indicate Ownership Status: Individual Partnership L.L.C. Corporation

Owner Name (attach list if necessary) Home Address City State Zip Phone

Date of Birth Driver's License Number Cell Phone

Maximum Number of Employees Working in Mexico Missouri Retail Sales Tax Number Are you a United States Citizen? Yes ___ No ___

Have you ever been convicted of any violations of state or municipal laws or ordinances (Other than minor traffic violations)?

Yes No
If Yes, Give Details

Have You Ever Had a Business License Revoked or Suspended? Yes No

If Yes, Give Details

I state that I am the applicant and hereby declare all above information to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified.

NEW: 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. (Refer to Missouri House Bill 1549)

Date Applicant Signature (If Corporation President and Secretary must Sign)

(CORPORATE SEAL) If Corporation, Affix the Corporate Seal.

Subscribed and sworn before me, this _____ day of _____,

My commission will expire _____

NOTARY PUBLIC

Please return your completed application and fee to:
City of Mexico, Clerk's Office, 300 N. Coal, Mexico, MO 65265
Phone: 573-581-2100 Fax: 573-581-2236