



City Clerk's Office
 300 North Coal Street
 Mexico, Missouri 65265
 (Voice) 573.581.2100
 (Fax) 573.581.2236
 www.mexicomissouri.net

Dear Applicant:

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" and "B" 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" & "S"-Special. The following fees apply:

<u>Class "A" and "C"</u>	<u>Class "B"</u>
Less than 8 employees \$25.00	Less than 8 employees \$50.00
From 8-39 employees 50.00	From 8-39 employees 100.00
From 40-199 employees 100.00	From 40-199 employees 200.00
200 or more employees 200.00	200 or more employees 400.00
Additional fee of Plumber 30.00	
Additional fee of Electrician 30.00	
	<u>Class "S"</u>
	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" 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 # _____
		<input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cash <input type="checkbox"/> Check

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

Legal Business Name _____	Business Property Address _____	License Class _____
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Attention/DBA _____	Business Phone No. _____	Night Person Contact/Phone No. _____
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Mailing Address _____	City _____	State _____	Zip _____
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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 _____
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Date of Birth _____	Driver's License Number _____	Cell Phone _____
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Maximum Number of Employees Working in Mexico _____	Missouri Retail Sales Tax Number _____	Are you a United States Citizen? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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) _____
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(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



*City Clerk's Office
300 North Coal Street
Mexico, Missouri 65265
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www.mexicomissouri.net*

Dear Contractor:

The Mexico City Codes under Chapter 4 requires a certificate of insurance, which provides coverage for all persons working as contractors, plumbers or electricians. The amounts, as listed in Section 4-37 of the Mexico City Code, are as follows:

1. Comprehensive general contractor's bodily injury liability insurance providing for a limit of not less than one hundred thousand dollars (\$100,000.00) for all damages arising out of bodily injuries to or the death of one (1) person, and subject to that limit for each person, a total limit of three hundred thousand dollars (\$300,000.00) for all damages arising out of bodily injuries to or death of two (2) or more persons in one accident, and
2. Comprehensive general contractor's property damage liability insurance providing for a limit of not less than fifty thousand dollars (\$50,000.00) for all damages arising out of injury to or destruction of property in any one (1) accident, and subject to that limit per accident, a total or aggregate limit of three hundred thousand dollars (\$300,000.00) for all damages arising out of injury to or destruction of property during the policy period.
3. This insurance must cover below-grade damage and be in full force during the entire construction process.
4. Contractors must show proof of Workers Compensation insurance.
5. **The following language must be included in the certificate of insurance:**

Should any of the above policies be canceled before the expiration date thereof, the issuing company will mail ten (10) days written notice to the named certificate holder.

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

Sincerely,

Marcy LeCount
City Clerk



MISSOURI DEPARTMENT OF LABOR AND INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION

**AFFIDAVIT OF EXEMPTION FOR WORKERS' COMPENSATION INSURANCE
PURSUANT TO § 287.061, RSMo**

Before me, the undersigned authority, personally appeared _____
Name of Affiant

who, being duly sworn on this oath states as follows:

1. My name is _____. I am of legal age and sound mind, capable of making this affidavit, and personally acquainted with the facts herein stated. I understand that by submitting this affidavit to the city or county for an occupational or business license as a contractor in the construction industry, I am stating that my business is exempt from carrying workers' compensation insurance coverage.

2. I am the sole proprietor, owner or partner of _____
Name of Business

a business engaged in construction industry that is not required to purchase workers' compensation insurance coverage for the following reason:

(Check One)

- I am a sole proprietor and have no "employees" as defined under the law, see page 2.
- I am a partner in a partnership with no "employees" as defined under the law, see page 2.
- I have filed a Notice of Employer's Exemption with the Missouri Division of Workers' Compensation (Division) for _____ to be withdrawn from

Name of Corporation

coverage because there are no more than two owners of the corporation who are also the only employees of the corporation. A copy of the acknowledgement letter from the Division dated _____ is enclosed.

Date

Further, I have not filed a notice to withdraw this exemption for my corporation with the Division and my corporation has no other workers' compensation insurance coverage.

- 3. I have read and reviewed the concept of "statutory employment" explained on pages 2-3. My business operation is not being carried out by persons who may be regarded as statutory employees.
- 4. **I understand that providing fraudulent information on this affidavit is unlawful under §§287.128, 287.061(3), 570.090, 575.040, 575.050, and/or 575.060, RSMo, and may be either a misdemeanor or a felony, punishable by imprisonment and fine, as indicated on page 3.**

Affiant

Date

STATE OF MISSOURI)
)
COUNTY OF _____)

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

My Commission Expires: _____

Notary Public

(SEAL)

Affidavit of Exemption for Workers' Compensation Insurance Applicable Statutory Provisions and Guidelines to be followed

The Division has developed the "Affidavit of Exemption for Workers' Compensation Insurance Pursuant to §287.061, RSMo" that is required to be filed by a contractor in the construction industry when he/she applies for an occupational or business license in any city or county only if the contractor does not have proof of workers' compensation insurance coverage. If a contractor fails to comply with the requirements relating to providing proof of coverage or completing the "Affidavit of Exemption" form, he/she shall be denied the business license until the contractor obtains a certificate of insurance. If the contractor submits the "Affidavit of Exemption" form to obtain the business license he/she should familiarize himself/herself with the following key statutory provisions. **Those who are unsure as to whether they may lawfully submit such affidavit should seek competent legal advice.**

Every employer who is subject to the requirements of chapter 287, RSMo must insure its workers' compensation liability with an insurance company authorized to insure such liabilities in the state of Missouri by the Missouri Department of Insurance Financial Institutions and Professional Registration or meet the Division's requirements to be self-insured. If an employer fails to obtain the insurance coverage he/she may be held liable to an injured employee for all of the benefits under the Law in either a civil law suit or in an administrative proceeding before the Division.

Employee: §287.020, RSMo: The definition of "employee" includes both full- and part-time employees, and includes every person in the service of an employer under any contract of hire, express or implied, oral or written, or under any appointment or election, including executive officers of a corporation. It includes minors whether or not they are employed in violation of the law and family members. It may include volunteer workers who do not receive any income or compensation unless the exception noted below applies.

Please Note: As an exception, the workers' compensation law does not apply to volunteers if:

- The entity is a tax-exempt organization which operates under the standards of section 501(c)(3) of the federal Internal Revenue Code;
- The volunteers are not paid wages; and
- The volunteers provide services purely on a charitable and voluntary basis.

All three requirements must be met in order for a volunteer worker not to be classified as an employee under §287.020, RSMo.

Employer: §287.030, RSMo. that defines "employer" includes a very broad category and states that every employer who has five or more employees must carry workers' compensation insurance with one exception for construction industry employers who erect, alter, demolish or repair improvements who must purchase workers' compensation insurance if they have one or more employees.

Sole Proprietor and Partner: §287.035, RSMo, provides that natural persons who are sole proprietors or partners are employers and they do not have to purchase workers' compensation insurance on themselves but they may voluntarily choose to do so. Further, close relatives by blood or marriage of sole proprietors or partners may be withdrawn from coverage but, under §287.030, these relatives are still considered to be "countable" employees. Note that these provisions do not apply if the business is a corporation or a Limited Liability Company [LLC].

Corporate Exemption (Two Owners/Employees): §287.090.5, RSMo. A corporation may withdraw from the provisions of this chapter, when there are no more than two owners of the corporation who are also the only employees of the corporation, by filing with the Division notice of election to be withdrawn. The election shall take effect and continue from the date of filing with the Division by the corporation of the notice of withdrawal from liability under this chapter. Any corporation making such an election may withdraw its election by filing with the Division a notice to withdraw the election, which shall take effect thirty days after the date of the filing or at such later date as may be specified in the notice of withdrawal.

Statutory Employer: §287.040, RSMo, provides that certain independent contractors may be considered to be “employees” of the person who hired them for workers’ compensation purposes, under the legal principle known as “statutory employment.” Missouri Law does not define “independent contractor.” Missouri courts use three factors to determine when a statutory employment relationship exists: (1) the work is performed pursuant to a contract; (2) the injury occurs on or about the premises of the statutory employer; and (3) the work is in the usual course of the statutory employer’s business. An employer cannot avoid its workers’ compensation liability by hiring independent contractors to perform jobs that would otherwise be performed by its employees. A contract need not be in writing. The Missouri courts have ruled that the “employer’s premises” can include a location where the employer is carrying on its business temporarily. As a construction industry employer you may be held responsible to pay workers’ compensation benefits to an independent contractor or uninsured subcontractor or their employees. The immediate contractor or subcontractor is liable as an employer of the employees of the subcontractor. The liability of the immediate employer is primary and that of the others is secondary and any compensation benefits that are paid by those who are secondarily liable may be recovered from those primarily liable.

Please Note: A general contractor can require subcontractors to carry workers’ compensation insurance. Generally, the Law says that the general contractor is liable for any injuries sustained by uninsured subcontractors or their uninsured employees (§287.040, RSMo). Because of this, the general contractor’s insurer will charge an additional premium if the subcontractor cannot provide proof of coverage, even if the subcontractor has no employees. If the general contractor says he/she will not hire the subcontractor unless he/she has a policy and insures himself/herself, the subcontractor would need to buy a policy covering their business or himself/herself or work for a general contractor who does not make this a requirement.

Criminal Penalties: §287.128, RSMo makes it unlawful for any person to knowingly make or cause to be made any false or fraudulent material statement or material representation for the purpose of obtaining or denying any benefit. This is considered a class D felony punishable by fine up to \$10,000 or double the value of the fraud whichever is greater. A subsequent violation is a class C felony.

Any person who knowingly misrepresents any fact in order to obtain workers' compensation insurance at less than the proper rate for that insurance shall be guilty of a class A misdemeanor. A subsequent violation is a class D felony. Any employer who knowingly fails to insure his liability pursuant to this chapter shall be guilty of a class A misdemeanor and, in addition, is liable to the state of Missouri for a penalty in an amount up to three times the annual premium the employer would have paid had such employer been insured or up to \$50,000, whichever amount is greater. A subsequent violation is a class D felony.

Further, providing false information with the intent to deceive also can constitute a felony under §§570.090 (Forgery) and 575.040 (Perjury), and a misdemeanor under §§575.050 (False Affidavit) and 575.060 (False Declaration).