

# CITY OF DONIPHAN

## APPLICATION FOR CITY LICENSE

Go to [https://library.municode.com/mo/doniphan/codes/code\\_of\\_ordinances](https://library.municode.com/mo/doniphan/codes/code_of_ordinances) to see complete ordinances on city business licenses.

Please complete the information below for our records. Return the form to us with; **a check for \$13.00, a copy of your State Issued Tax ID Number, Certificate of No Tax Due & Proof of Insurance.** All licenses renew yearly from the date of issuance. Renewals will be mailed to the business address, unless otherwise stated below.

**Date of Application:** \_\_\_ / \_\_\_ / \_\_\_

**PLEASE CHOOSE ONE:**

- New- City of Doniphan
- Renewal- City of Doniphan Merchant- **No Changes**
- Renewal- City of Doniphan Merchant- **With Updated Information**

**Business Name:** \_\_\_\_\_ **Business Telephone:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Owners Mailing Address:** \_\_\_\_\_  
(If different than business)

**MO Sales Tax #:** \_\_\_\_\_ **Nature of Business:** \_\_\_\_\_

**Type of Sales (Check one):** \_\_\_\_\_ **Retail** \_\_\_\_\_ **Wholesale** \_\_\_\_\_ **Both Retail/Wholesale**

*The state of Missouri Requires that a verification of Workers' Compensation Insurance be given before any municipality or county can issue a license for businesses in the following categories:*

**Check if Applicable:**

- \_\_\_ Construction; with one or more employee (s)
- \_\_\_ Non -Construction; with five or more employees

If you checked either line above, you are required under Chapter 287 RSMo to provide Workers Compensation Insurance. If the applies, please attach a copy of your insurance certificate. If this does not apply, please sign the "Exempt" line below.

**Exempt** \_\_\_\_\_ **Date** \_\_\_\_\_

*Missouri Revised Statutes §150.100 states, "No person, corporation, co-partnership, or association of persons shall deal as a merchant without a license. Each offender shall, upon conviction, be deemed guilty of a misdemeanor."*

Certificate of No Tax Due enclosed- <https://dor.mo.gov/business/sales/notaxdue>

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Printed Name*

\_\_\_\_\_  
*Date*