City of Osceola, Missouri

210 Olive St. · P.O. Box 561, Osceola, MO 64776 · Phone (417) 646-8421 · Fax (417) 646-2015

Business License Application

Please print clearly. Bring or mail the finished form to City Hall: 210 Olive St., or P.O. Box 561, Osceola, MO 64776. You can also fill it out online on the City's website, under **Forms**.

Every business in the City of Osceola needs a business license, renewed each year by **January 1**. The license costs **$25.00**. Ordinance 90-04 does not allow a license to be issued if the business owes the City for taxes, utilities or sales tax.

After you send this form, pay the $25 fee by check made out to the **City of Osceola**, either at City Hall or by mail to City of Osceola, Attention: City Clerk, Business License, P.O. Box 561, Osceola, MO 64776. The City of Osceola appreciates your continued support.

Return this application in person or by mail with your check for $25.00 made payable to the City of Osceola.

BUSINESS

Business name

Type of business

Owner or owners

Business street address

Mailing address, if different

City

State

ZIP code

Phone

Email address

STATE REQUIREMENTS

Missouri sales tax number, if required

If required per Section 144.083.2 RSMo.

Workers' compensation insurance company, if required

If required per Chapter 287, RSMo. Effective August 28, 1998, only construction contractors are required to show proof of coverage when buying a City business license. If your business is exempt, complete the Sworn Statement of Exemption below.

☐ Sworn Statement of Exemption: The Missouri Workers' Compensation Law, Chapter 287, RSMo, does not require workers' compensation coverage for this business.

AGREEMENT

☐ The information on this application is true and complete. I understand City Hall may ask me to sign a paper copy.

SIGNATURE

By signing, I confirm the answers above are mine and are true and complete.

Signature of owner or authorized person

Printed name

Date

Signature of owner(s), for the Sworn Statement of Exemption (only if exempt)

Printed name

Date

FOR CITY HALL USE

Received by (City staff)

Fee paid and receipt number, if any

Date

Notes