

City of Clinton New Business License Application

A new license will be effective from the date issued and will expire on September 30th. Any new licenses issued after April 1st shall be prorated by 50%.

Business Name: _____ *Retail Sales Tax I.D. # _____

Corporate Name(If applicable): _____ *Certificate of No Tax Due Attached:

**All applicants with the possession of a retail sales license are required to submit a statement from the Department of Revenue that the licensee owes no tax due under sections 144.010 to 144.510 or sections 143.191 to 143.261, RSMo. The date of issuance on the statement shall not be more than ninety days before the date of submission of application or renewal of the local license.*

Physical Location Address: _____

Mailing Address (If different): _____

Address: _____

City, State, Zip: _____

Owners Name:	Phone:
Managers Name:	Phone:
Emergency Contact:	Phone:
E-mail Address:	

Select the most appropriate category that describes the nature of your business:

Contractor/ Subcontractor:	Entertainment	Restaurant	Retail	Cigarette Sales	Service
-------------------------------	---------------	------------	--------	-----------------	---------

Business license fees are based on the number of employees working inside the City Limits. Employees shall mean any full or part time individual paid wages or salary by a merchant, manufacturer, contractor or business. (Any business that is a sole proprietorship shall be deemed as having one employee.)

Number of full/part time employees working inside the city limits: _____
(You may be requested to provide your most recent Employee Listing Registry.)

Sole Proprietorship (meaning one employee): _____

Annual Merchants Tax as follows:

1 - 3 Employees\$50.00
4 - 20 Employees\$100.00
21 - 50 Employees\$250.00
51 or More Employees\$500.00

Cigarette Sales Registration Fee: \$2.00

Payment may be made using cash, check, money order or debit/credit card. For debit/credit card transactions see the Debit/Credit Card Authorization Form that is attached.

Worker's Compensation Coverage: If you are a contractor in the construction industry, with one or more employees other than yourself, you are required by State Statutes RSM0.287.061 to provide a certificate of insurance for workers' compensation coverage or an affidavit from Division of Workers' Compensation signed by the applicant attesting that the contractor is exempt.

Is a certificate of insurance required? Yes No **IF YES PLEASE ATTACH A COPY**

* * *

City Limits: If the business is located within the corporate limits of the City of Clinton, Missouri, no license shall be issued until all relevant real estate and personal taxes relating to the business have been paid in full.

Is the business located in Clinton? Yes No

IF YES, PLEASE ATTACH A COPY OF THE "PAID" REAL ESTATE AND PERSONAL PROPERTY TAX RECEIPT. IF PROPERTY IS LEASED, OBTAIN A RECEIPT FROM THE OWNER.

* * *

I declare under penalty of perjury that this application has been examined by me and that the statements made herein are in good faith pursuant to the City of Clinton tax regulations and, to the best of my knowledge and belief, are true, correct, and complete.

Signature of Applicant: _____ Date: _____

Printed Name: _____

This application and all required documentation may be submitted in person, by mail, e-mail or fax.

**City of Clinton Business License Department
105 East Ohio Street, Clinton, MO 64735
Email: cwilson@cityofclintonmo.com
Phone: (660) 885-6121
Fax: (660) 885-2023**

THIS SECTION TO BE COMPLETED BY COMMUNITY DEVELOPMENT DIRECTOR

ZONING

Type of Business: _____

Currently Zoned: _____ Zoning Required: _____

Zoning Approved: _____ Denied: _____

Restrictions: _____

Community Development Director: _____

Date: _____

Reminder to City staff members: If this business is located in the Historic Preservation District, please provide the Historic Preservation District information to the business license applicant.

THIS SECTION TO BE COMPLETED BY FIRE DEPARTMENT

Building approved for business indicated above: YES NO

Restrictions: _____

Inspector: _____

Date: _____




City of Clinton
Debit/Credit Card Authorization Form

I, _____, hereby authorize the City of Clinton, Missouri to
(Name must be printed here)

execute a financial transaction using the debit/credit card information provided below for payment of Business
license issued to: _____

Date of Authorization: _____

Payments made using a debit/credit card must be made in person or by submitting this form.

IF PAYING BY VISA, MASTERCARD, OR DISCOVER FILL OUT BELOW		
<input type="checkbox"/> 	<input type="checkbox"/> 	<input type="checkbox"/> 
CARD NUMBER	EXP. DATE	AMOUNT
SIGNATURE	MUST INCLUDE 3 DIGIT SECURITY CODE FROM BACK OF CARD	