

**CITY OF LATHROP**  
**Business License Application**

License for period  
 July 1st through June 30th

License No. \_\_\_\_\_  
 Issued: \_\_\_\_\_  
 Cost: \_\_\_\_\_

New  
 Renewal

License Year \_\_\_\_\_ / \_\_\_\_\_

Check if this is a Home Business

State Sales Tax No	Business Phone	Date Business Started
Physical Location of Business( NO PO BOXES PLEASE)	Name & Phone number of primary emergency contact	
Business Name & DBA	Driver's License No and Issuing State of the above rep	
Business Mailing Address	Description of Business. List or describe services to be rendered, or merchandise, materials or commodities to be sold. Be specific.	
City, State, ZIP		
Email		
Number of employees	Any hazardous materials stored on site? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Business Ownership <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	Are you required to carry Worker Compensation Insurance under Missouri State Law: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach proof. If No, please sign attached affidavit	

State law requires employers with one or more employees to show proof of Worker's Compensation Insurance. In addition, the City may also require proof of General Liability Insurance.

I, the undersigned, do hereby declare that to the best of my knowledge (1) the above information, submitted to the City of Lathrop for the purpose of obtaining a business license for the above described business, is true and correct: and (2) the above described business complies with all applicable city, state and federal laws, regulations and administrative rules. If this application is also for a Home Business License, I further stipulate that I have read and understand the zoning ordinance performance standards regarding home businesses in the City of Lathrop, Missouri, and agree to comply with them. I understand the business license issued by the city to run this home business is issued to me at the above address and is not transferable. Any change of location of the home business shall be approved in advance by the City of Lathrop.

Owners/Officer's Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Owner/Officer's Name \_\_\_\_\_

Approval Required \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

**AFFIDAVIT FOR USE IF YOU ARE EXEMPT FROM WORKERS COMPENSATION**

State of Missouri  
County

I, \_\_\_\_\_, after being duly sworn, state that I am the owner/officer of  
\_\_\_\_\_ and pursuant to Missouri Law such business  
does not require workers' compensation coverage.

Signature \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_