City of Bolivar Business License Application Process

Attached is a Business License Application to be completed as part of the Business License Process. This information is necessary to ensure compliance with City and State laws and also allow contact with the appropriate key holder(s) should an emergency occur. Below is a list of important facts to remember:

- All annual licenses expire June 30th of each year.
- Licenses are non-transferable or assignable per City Ordinance.
- A business license will be issued for the type of business listed. Any change in type of business or change of occupancy/owner will require a new application to be submitted.
- Commercially zoned businesses within city limits will require inspections performed by the City of Bolivar Building Department. It is your responsibility to schedule this inspection with the Building Inspector at 417-328-5826. Building inspections are performed Monday - Thursday by appointment. Allow a minimum of 48 business hours to schedule an inspection.
- Certificates of Occupancy will be issued by the Building Inspector and are required prior to opening, if place of business is inside the city limits.
- If you are engaging in a business that works directly with children, you and your employees will need to submit a copy of current background checks with the business license application.
- A copy of Workers’ Comp Insurance must be provided by all businesses with five or more employees, pursuant to RSMo. 287.030, and by contractors or sub-contractors with one or more employees, or an Exemption Form, pursuant to RSMo. 287.061 can be submitted.
- Retailers: Must provide a copy of a State of Missouri Sales Tax No Tax Due Certificate.

- Only applications that have all proper documents at the time of submittal will be processed. Any false information listed will render the application null & void.
- Applications with missing documents will be returned unprocessed.
- Checks returned for insufficient funds that were used to pay for a business license or renewal of a business license will result in automatic revocation of license.

Applications and required documentation can be submitted at City Hall, 345 S. Main Ave.; emailed to phenderson@bolivar.mo.us or faxed to (417) 777-7943.

Cordially,

Paula Henderson
City Clerk
BUSINESS LICENSE APPLICATION

Date of Application: __________/________/________

Intended Opening/Start Date: __________/________/________

License Number (City Use):

Business/Company Name (Include DBA / Fictitious Name):

Business/Company Address: ____________________________________

Suite/Apt. __________________________

City __________________________

State __________________________

Zip: __________________________

Business Phone Number: __________________________

Fax Number: __________________________

Mailing Address (if different from above):

City __________________________

State __________________________

Zip: __________________________

Email Address: __________________________

Owner(s) Phone Number: __________________________

Legal Owner(s) of Business:

Type of Business: __________________________

Is it Home-based? Yes / No: __________________________

Total number of Full-time employees: __________________________

Part-time employees: __________________________

Please provide NAICS code: __________________________

Sales Tax ID No.: __________________________

Have you previously been issued a business license from the City of Bolivar? Yes / No: __________________________

If yes, please provide name of business: __________________________

License needed: *Include dates for any license other than annual.* Annual _______ 1-week _______ 1-day _______

Address/Location where business will be conducted, if not at place of business above: __________________________

I understand that if my business is located at a physical location in the City of Bolivar, my location will require an inspection by the Building Department. By initialing here ____________, I understand that it is my responsibility to contact & schedule this inspection & any follow-up inspections prior to receiving my Certificate of Occupancy and opening my business to the public.

I hereby agree to operate the above described business in accordance with all Missouri State and Local Laws imposed. I have reviewed this information, and under penalty of perjury, find it true and correct. I further understand that filing false information may result in the closing of my business.

Signature of Applicant: __________________________

Date: __________________________

Signature of Owner(s): __________________________

Date: __________________________

(If different than Applicant)

FOR OFFICE USE ONLY

Date Received: __________________________

Fee Assessed: __________________________

Date Paid: __________________________

No Sales Tax Due Verified: __________________________

Workers’ Comp Insurance/Affidavit Provided: __________________________

Denied Approved

City Clerk or Deputy Clerk: __________________________

Date: __________________________

EDA Executive Director: __________________________

Date: __________________________

Planning/Zoning Administrator: __________________________

Date: __________________________

Building Inspector: __________________________

Date: __________________________

(Is an inspection required?) Yes / No: __________________________

Date License Issued: __________________________

License Number: __________________________

Revised date: 05/01/2019