



To: Bolivar Area Businesses

Re: Business Application Process

Attached is a Business License Application. Please complete 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.

- All annual licenses expire June 30<sup>th</sup> of each year.
- Licenses are non-transferable or assignable per City Ordinance.
- A business license will be issued on for the type of business listed. Any change in the type of business will require a new application to be submitted.
- If you are a contractor, with one or more employees, please send a copy of your Workers' Comp Insurance or request an Exemption Form which can be obtained from the Division of Workers' Compensation at 1-800-775-2667.
- If you are a retailer, please include a copy of your State of Missouri Sales Tax License and No Tax Due Certificate.
- 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 application.
- 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. Contact the Building Inspector at 417-328-5826. Business License inspections are performed Monday – Thursday by appointment. Allow a minimum 48 business hours to schedule 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.
- A Copy of the Business License Code is available upon request and fee paid, or at our website at [www.bolivar.mo.us](http://www.bolivar.mo.us) . More information on home based businesses may be found here also.
- **Only applications that have all proper documents at the time of submittal will be processed immediately.** Any false information listed will render the application null and 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.**

Cordially,

Natalie Scrivner  
City Clerk



345 S Main Ave, PO Box 9, Bolivar, Missouri 65613  
Telephone (417) 326-2489 FAX (417) 777-3212  
www.bolivar.mo.us

## **BUSINESS LICENSE APPLICATION**

\_\_\_\_\_  
Date of Application

\_\_\_\_\_  
**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 Business Address)      City      State      Zip

\_\_\_\_\_  
Email Address

Email Address (Would you prefer to receive future license renewals by email?) Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Legal Owners of Business: \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Type of Business: \_\_\_\_\_

If you are required to pay sales tax to the City of Bolivar, you must have a Sales Tax ID Number issued by the State of Missouri. You are required to provide verification that all taxes have been paid prior to being issued a City Business License.

Sales Tax ID Issued by the State of Missouri: \_\_\_\_\_

**A Copy of Sales Tax ID and a 'No Tax Due' Report needs to be included with application.**

If you are a contractor or sub-contractor, you are required to provide an updated copy of your **Workers' Compensation Insurance or Exemption Form pursuant to RSMo 287.061.**

Is your business home based? Yes \_\_\_ No \_\_\_      Intended Opening/Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this a F/T 40 hr/week job? Yes \_\_\_ No \_\_\_

Have you previously been issued a business license from the City of Bolivar? Yes \_\_\_ No \_\_\_

If yes, what year and type of business? \_\_\_\_\_



If you are not a contractor or sub-contractor, and have a business with 5 or more employees, a copy of your Workers' Comp Insurance form is required before license will be issued.

Total number of Full time employees \_\_\_\_\_ Total number of Part time employees \_\_\_\_\_

License needed: **\*Please include dates for any license other than annual\***

Annual \_\_\_\_\_ 6 Month \_\_\_\_\_ 1 Week \_\_\_\_\_ 1 Day \_\_\_\_\_ Solicitors \_\_\_\_\_

Address/Location where conducting business: \_\_\_\_\_

**I understand that, if my business is located within 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 and schedule this inspection and any follow up inspections prior to receiving my Certificate of Occupancy and opening my business to the public. Contact Bldg. Inspector 417-328-5826.**

**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 Owner(s): \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Received By:

Name of City Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Fee Assessed: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Sales Tax Verified: \_\_\_\_\_

Workers' Comp Insurance Provided: \_\_\_\_\_

**Denied**   **Approved**

\_\_\_\_\_  
City Clerk/Deputy Clerk: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Econ Dev/Zoning Admin: \_\_\_\_\_ Date: \_\_\_\_\_

Signature after completed inspection for all physical locations within city limits.

Building Inspector: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_

Date License Issued: \_\_\_\_\_

License Number: \_\_\_\_\_