



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.
- Businesses who collect sales tax: Must provide a copy of a State of Missouri Sales Tax - No Tax Due Certificate. If you have not established a Missouri Sales Tax Number please reach out to Missouri Department of Revenue at 573-751-4876. Also Note: MDOR will not be issuing Sales Tax Rate Change Notifications. Each rate change will be noted on the MDOR website <https://dor.mo.gov/business/sales> at least 15 days before the effective date.
- 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: