City of Lawson 103 S. Pennsylvania Ave. PO Box 185 Lawson, MO 64062



Phone: 816-580-3217 Fax: 816-580-3914

utilityclerk@cityoflawsonmo.org

Application for Occupational License for Lawson, MO

2018 - 2019

Annual City License valid July 1st – June 30th

You must provide the City with:

Certificate of Liability Insurance 600,000+ GA

Certificate of Workman's Compensation

"NO TAX DUE" Certificate from the State of Missouri

THERE IS NO CHARGE FOR THIS BUSINESS LICENSE UNLESS YOU HAVE RETAIL SALES

| TYPE OF ORGANIZATION Individual Partner Non-Profit Gover | Date of Application rship |
|---|--|
| Missouri Tax Number _ Federal ID Number _ Description of Business _ | |
| · | of Retail Salesyesno? |
| | |
| PHYSICAL LOCATION: (NOT A PO BOX) | |
| | BUSINESS PHONE NO. () - MOBILE PHONE: |
| MAILING ADDRESS | |
| | CONTACT PHONE:CONTACT EMAIL: |

Applications will not be accepted without acknowledgement of receipt for the following information:



| Section 285.530 RSMo. Knowingly employing or hiring unauthorized alien to perform work (below) Applicant is hereby informed that Section 285.530 RSMo. Prohibits any business entity or employer from knowingly employing, hiring for employment, or continuing to employ an unauthorized alies perform work in the State of Missouri. Furthermore, applicant is informed that if it fails to respond request of the Missouri Attorney General to provide identity information regarding any persons alleged to be unauthorized aliens, that the Attorney General is authorized to direct the City of suspend the Applicants business license. | er en to |
|---|-------------|
| For Contractor Only: I am aware of the EPA Lead Law. (Initial)EPA Renovation, Repair and Painting Program rule: Title 40, Part 745, Subpart E informa (EPA-740-F-08-001, March 2008). | tion |
| Owner/Representative SignatureTitle | |

Please indicate with initials that you have read and/or received information on the following: