## **City of Foristell**

## **Business License Renewal**

NAME: D/B/A: ADDRESS:			
<b>BUSINESS PHONE:</b>	COUNTY		
MANAGER:			
EMERGENCY CONTACT:			
PHONE:			
Emergency contact info	rmation provided to the Foristell Police Department.		
MO State Tax I.D.#	Fed. I.D#		
If the ownership or nature of	the business has changed, please list those changes.		
Signature of Owner or Agent			
Date			
	nsation Proof of Insurance with application. (State requirements)		
<b>Business License Fee:</b>	\$35.00		
If you would like to receive in address:	formation from the City via e-mail please include your e-mail		

Section 15 of SB 251, the State's worker compensation law, effective August 28, 1993, requires that
any city that issues business licenses <u>must</u> require certification of insurance for workers compensation
coverage prior to issuance of a license if the applicant is required to have such coverage.

Under state law, any employer with five (5), or more employees or any construction business with one (1) or more employees is required to have workers compensation coverage.

IN COMPLIANCE WITH THE PROVISIONS OF SB 251, I HEREBY SWEAR THAT THE INFORMATION AS SET FORTH ON THIS APPLICATION IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE:

Number of Employees:		Full Time Part Time Total	
Certificate	of Insurance for Worker's Com	pensation Coverage is attached.	
	Yes		
	No I am not rec	quired to cover my liability under Chapter 287, RSMO.	
Signature ( Owner/Ap <sub>l</sub>			
Date			