

Randolph County, Missouri
MERCHANT LICENSE APPLICATION

Please complete this application to obtain a Randolph County Merchant License. The cost of a license is \$25.00 annually. Licenses are valid January 1 through December 31 of the current year. Renewals will be mailed to the business address, unless otherwise stated below, in November of each year. Please see the FAQ page for more information.

Date of Application: ____/____/____

PLEASE CHOOSE ONE:

- NEW – RANDOLPH COUNTY MERCHANT
- RENEWAL – RANDOLPH COUNTY MERCHANT, **NO CHANGES**
- RENEWAL – RANDOLPH COUNTY MERCHANT, WITH **UPDATED INFORMATION**

BUSSINESS NAME: _____ **BUSINESS TELEPHONE:** _____ - _____ - _____

BUSINESS ADDRESS: _____

(This address will appear on license) (STREET, CITY, STATE, ZIP)

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

OWNERS NAME: _____ **OWNERS PHONE:** _____

OWNERS MAILING ADDRESS: _____

(IF DIFFERENT THAN BUSINESS) (STREET, CITY, STATE, ZIP)

MO SALES TAX #: _____ **NATURE OF BUSINESS:** _____

TYPE OF SALES (CHECK ONE): _____ **RETAIL** _____ **WHOLESALE** _____ **BOTH WHOLESALE/RETAIL** RSMo150.100

THE STATE OF MISSOURI REQUIRES THAT A VERIFICATION OF WORKERS' COMPENSATION INSURANCE BE GIVEN BEFORE ANY MUNICIPALITY OR COUNTY CAN ISSUE A LICENSE FOR BUSINESSES IN THE FOLLOWING CATEGORIES:

PLEASE CHECK IF APPLICABLE:

- ____ CONSTRUCTION; WITH ONE (1) OR MORE EMPLOYEE(S)
- ____ NON-CONSTRUCTION; WITH FIVE (5) OR MORE EMPLOYEES

If you **CHECKED EITHER LINE ABOVE**, you are required under *Chapter 287 RSMo* to provide Workers Compensation Insurance. If this applies, please attach a copy of your insurance certificate. If this does not apply, please sign the "Exempt" line below.

EXEMPT _____ **DATE** _____

Missouri Revised Statutes §150.100 states, "No person, corporation, co-partnership, or association of persons shall deal as a merchant without a license. Each offender shall, upon conviction, be deemed guilty of a misdemeanor."

PLEASE INDICATE WHICH MANNER YOU WOULD PREFER TO PAY THE \$25 LICENSE FEE:

- PAYMENT IS ENCLOSED WITH THIS FORM TO BE MAILED
- I WOULD LIKE TO RECEIVE A STATEMENT FOR THE FEE BY MAIL. PAYMENT WILL BE REMITTED AT THAT TIME.
- I WANT TO RECEIVE THE INFORMATION TO PAY ONLINE
 - BY MAIL
 - BY EMAIL _____

Signature of Applicant **Printed Name** **Date**