

**VILLAGE OF BEL-RIDGE BUSINESS LICENSE APPLICATION**

**8920 NATURAL BRIDGE, BEL-RIDGE, MO 63121 314-429-2878**

**NAME OF BUSINESS:** \_\_\_\_\_

**ADDRESS OF BUSINESS:** \_\_\_\_\_

**I/WE** \_\_\_\_\_ **HEREBY MAKE APPLICATION FOR A LICENSE TO**  
**MAINTAIN AND OPERATE A** \_\_\_\_\_ **(TYPE OF BUSINESS).**

**Name & Address of Owner:** \_\_\_\_\_

**Name & Address of Manager:** \_\_\_\_\_

**Business Ph #** \_\_\_\_\_ **Home Ph#** \_\_\_\_\_ **Trash Hauler** \_\_\_\_\_

**# of Vending Machines** \_\_\_\_\_ **# of Employees Including Self/Managers/Supervisors** \_\_\_\_\_

**\*\*\*IN ACCORDANCE WITH CHAPTER 287 RSMo., ATTACH CERTIFICATE OF INSURANCE ESTABLISHING COVERAGE TO THIS APPLICATION. IF YOU CLAIM YOU ARE NOT SUBJECT TO THE PROVISIONS OF CHAPTER 287, ATTACH SUPPORTING DOCUMENTATION. NOTE: PURSUANT TO SS 287.128, RSMo, IT IS UNLAWFUL TO PROVIDE FRAUDULENT INFORMATION IN RESPONSE TO THIS INQUIRY.**

ISSUANCE OF A BUSINESS LICENSE SHALL NOT BE CONSTRUED TO ENSURE OR GUARANTEE TO ANY PERSON THAT A LICENSEE HAS OR WILL MAINTAIN WORKERS COMP. INSURANCE COVERAGE. THE VILLAGE SHALL NOT BE LIABLE TO ANY PERSON FOR ANY REASON IF A LICENSEE FAILS TO HAVE OR MAINTAIN SUCH INSURANCE OR FAIL TO PROVIDE COVERAGE TO ONE OR MORE INDIVIDUALS.

**\*\*\*EFFECTIVE JAN. 1, 2009 YOU MUST PROVIDE A "CERTIFICATE OF NO TAX DUE" WITH YOUR BUSINESS LICENSE APPLICATION. PLEASE CONTACT THE MO DEPT. OF REVENUE TAXATION DIVISION TO OBTAIN YOUR COMPLIANCE FORM.\*\*\***

**If said license is granted, I/We agree to comply with all Village ordinances.**

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**Signature of Applicant and Title** \_\_\_\_\_ **Date** \_\_\_\_\_  
.....

**(FOR OFFICE USE ONLY)**

**ABOVE LICENSE APPLICATION APPROVED ON THIS** \_\_\_\_\_ **DAY OF** \_\_\_\_\_.

**LICENSE#** \_\_\_\_\_ **PERMIT FEE PAID** \_\_\_\_\_ **LATE FEES** \_\_\_\_\_

**CERTIFICATE OF INSURANCE ATTACHED** \_\_\_\_\_ **CERTIFICATE OF NO TAX DUE** \_\_\_\_\_

**NEW APPLICATION** \_\_\_\_\_ **RENEWAL APPLICATION** \_\_\_\_\_