City of Waynesville
Economic Development

Come Grow with Us

100 Tremont Center
Waynesville, MO. 65583

Business License Application Information/Instructions

Thank you for choosing to do business in the City of Waynesville. Below is a checklist of items that may be required as part of your application.

IMPORTANT NOTE – According to City ordinances, it is unlawful to operate a business before receiving your Business License. Applicants should allow no less than seven (7) days for processing. A Business ID number will be issued to every business who applies for a license. This number shall be separate from the license number that will be assigned when the application is turned in and approved.

- ☐ Complete the attached Business License application form and return to City Hall with your payment and any other necessary documents. Also, if your business will be selling alcoholic beverages, you will need to apply for the proper Liquor License as well.
- ☐ If you will be operating the business out of your home, please complete the **Home-Based Business Questionnaire** and submit with your Business License application form.
- ☐ If you will be operating as a **Contractor or Sub-contractor**, along with the proper application, you must provide a copy of your current Workers' Compensation Liability certificate. If you are the sole employee, then you may complete the Missouri Affidavit of Exemption Form. The form is available online at our website or at www.labor.mo.gov, and must be notarized.
- ☐ If you collect any sales tax, you must provide your Missouri Tax Identification Number and a copy of your current (within 90 days of the application date) Missouri "No Tax Due" statement. Contact the Missouri Department of Revenue at www.dor.mo.gov/business for more information.
- ☐ If you will be selling or providing any food services, you will need to contact the Pulaski County Health Department at (573) 736-2217 in order to have your business inspected. Also, depending on the type of service provided, additional permitting may be required.
- ☐ If you are a new commercial business with a physical location inside the Waynesville City limits and you will be remodeling your business location and/or putting up a sign for your business, etc., you will need to contact our Building Department Official to determine if additional permitting will be required.

If you have any questions regarding the items listed above, please contact the City Clerk at (573) 774-6171 or by email at mbrown@waynesvillemo.org.

Business License Fees

License Type	Annual Fee
Services – Plumbing Service	**$7.50**
Food & Entertainment – Hamburger and Soda Stand, Pool Hall	**$10.00**
Services – Electric Shop, Sewing Shop, Radio Repair Shop	**$15.00**
Services – Hair Salons, Barber Shop, Bookkeeping, Laundromat, Moving & Storage Companies, Photography	**$20.00**
Solicitors	**25.00/per day**
Vehicle for Hire – Business – Taxi Cab, Limousines or any business providing for the transporting people and their property.	**$25.00/per vehicle**
Vehicle for Hire – Driver – Taxi Cab, Limousines or any person physically in control of any vehicle used in the transporting of people and property. (Excludes TNC drivers (UBER, Lyft, etc.)	**$10.00/Driver Permit**
Retail Stores – Novelty or Variety Store or Sport/Hobby Store	**$30.00**
Retail Stores – To include Clothing, Electronics, Automobiles & Parts, Drug Stores, Furniture, Lumber, Jewelry, Farm & Lawn Equipment, Feed Store, Nursery and Gardening Supplies, Grocery Store, Meat Market, Dry Good, etc.	**$40.00**
Services –Service Station, Insurance Agencies, Laundromat, Moving & Storage Companies, Printing & Publishing, Rental Agencies, Real Estate Agency,	**$40.00**
Banks & Financial Services	**$40.00**
Food & Beverage – Restaurants, cafes, Tavern, Bakeries, Ice cream	**$40.00**
Lawn and Landscaping Services	**$40.00** **Lawn & Leaf Dump Permit $300.00/yr**
Miscellaneous – Hardware Store, Skating Rink, Tire Repair Shop, Auto Repair Shop	**$50.00**
Entertainment – Bowling Alley, Pool Hall, Fortune Telling, Movie Theater, Shooting/Axe Throwing, Skating Rink, Arcades, etc.	**$50.00**
Hotels and Motels	**Base Rate - $50.00** **Per Unit - $1.00**
Bed & Breakfasts, AirBNB, VRBO – Must pass City Building Inspection and other requirements if serving food.	**$75.00**
Traveling Shows – Circus, carnival, rodeo, fairs, etc.	**Per Day $100.00**
Fireworks Stand – Temporary Seasonal License	**$50.00**
Body Modification Studios – Tattoo, Body Piercing, Branding, Scarification, etc. (Does not include standard ear piercing with a piercing gun)	**General License $100**

City of Waynesville

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OFFICE USE ONLY	
Date Submitted:	**Initials:**
Fee: $	**License No.**

Business License Application

Please answer all questions completely.

Incomplete and unsigned applications will delay processing.

All business licenses expire on December 31st and must be renewed prior to that date.

Date: _____

A REASON FOR APPLYING

☐ New Business License	☐ Reinstating Old Business License
☐ Purchase of Existing Business	☐ Other: _____

B BUSINESS NAME AND PHYSICAL LOCATIONS

Business Name (DBA Name)		
Physical Location (Do not use PO Box)		Phone:
City:	State:	Zip Code:
If applicable, list name of your business website or Facebook page:		

Describe the Business activity, stating the major products sold and services provided:

☐ Retail ☐ Service ☐ Contractor/Subcontractor

☐ Wholesale ☐ Manufacturing ☐ Other: _____

Products and Services Description:

_____

_____

_____

_____

C BUSINESS ACTIVITY

Do you offer retail sales of the following? Select all that apply.

☐ Alcoholic Beverages ☐ Alternative Nicotine ☐ Cigarettes or Other Tobacco

☐ Precious Stones ☐ Gold/Silver ☐ Marijuana Infused Products

D OWNERSHIP TYPE

Ownership Type:

☐ Sole Proprietor ☐ Partnership ☐ Government ☐ Trust

All ownership types listed below, unless specifically exempted, are required to be registered with the Missouri Secretary of State's Office. ***A copy of your registration is to be included with this application.*** *For more information regarding registering your business, visit the Secretary of State's website at www.sos.mo.gov.*

☐ Limited Partnership ☐ Limited Liability Partnership ☐ Limited Liability Company

☐ Missouri Corporation ☐ Non-Missouri Corporation

E OWNER INFORMATION

Owner Name (Enter Corporation, LLC or Partnership Name, if applicable).

Address			E-mail Address
City	State	Zip Code	County

If an individual is listed as the owner, you must also provide the following:

Date of Birth (MM/DD/YYYY)	Phone:

F MAILING ADDRESS (Forms, Licenses and Notices will be mailed to this address)

Address:

City	State	Zip Code	County

G OFFICER, PARTNER OR MEMBER

Provide the officer, partner or member of your business who will be responsible for the purchase of the Business License.

Name (Last, First, Middle Initial)			Title:
Address			E-mail Address
City	State	Zip Code	County
Date of Birth (MM/DD/YYYY)		Phone:	

H RETAIL SALES (SALES TAX REQUIREMENT)

If you are required to collect and/or pay sales tax within the City of Waynesville, you are required to have a Sales Tax ID Number issued by the State of Missouri. Is your business required to collect sales tax within the City of Waynesville? If yes, please attach a copy of your Missouri Retail Sales License and/or a No Tax Due Statement (issued from the Missouri Department of Revenue). For more information, visit www.dor.mo.gov.

☐ **Yes** ☐ **No** **My business sales tax ID# is:**_____

I CONTRACTORS AND SUBCONTRACTORS

Per **RSMo. 287.061** - If you are a Contractor or Subcontractor, you are required to provide a copy of your Workers' Compensation Insurance Certificate. If you are exempt by the Missouri State guidelines, you will be required to fill out the Missouri Exemption Form WC-134 (Please ask our office for a copy or you may find the form online at www.dor.mo.gov).

If you are a Subcontractor, please list the Contractor you will be working for (if applicable)

J HOME BASED BUSINESSES (Located within the City limits of Waynesville)

If your business is operated in your home and is located inside the city limits of Waynesville, please fill out the "**Home Based Business Questionnaire**" (Please ask our office for a copy).

K FOOD AND/OR BEVERAGES

If you will be selling food and/or beverages, an inspection may be required from the Pulaski County Health Department prior to approval of your business license. For more information, contact the Health Department at (573) 736-2217.

Does your business sell food and/or beverages? ☐ **Yes** ☐ **No**

Have you contacted the Pulaski County Health Department? ☐ **Yes** ☐ **No**

J SOLICITORS

Any person or organization may apply for one (1) or more permit(s) by completing an application form during regular office hours or online on the City's website. Permits will be for a period no longer than thirty (30) days.

Please describe the proposed activity (copies of brochures or other literature may be substituted if attached to this application)

_____

_____

K SOLICITORS cont.

Number of permits required: _____ Total number of days requested per permit: _____

Please list all persons requesting a permit:

Name	Address	Phone Number	(Office Only) ID No.

List any misdemeanors or felony convictions within the last five (5) years of any person who is requesting a permit:

Name	Infraction	Court Location	Year

Please list all motor vehicles that will be used for solicitation.

Make	Model	Year	License No.

M ZONING REQUIREMENTS

- Do you plan to make any changes to the building or property associated with the business?

  ☐ **Yes** ☐ **No**

  If you plan to make changes, you will need to contact the Community Development Department prior to approval of your business license.
- If you have a physical location inside the city limits and are applying for a commercial business license, please contact the Building Official at (573) 774-6171 for a Change of Occupancy Permit, if applicable.
- If you will be building a fence or adding an accessory building to the premise, please contact the Building Official for the necessary permits.

L EMPLOYEES

Total number of employees you anticipate will be working for your business? *

Full Time (Including yourself) _____ Part-Time (Including yourself) _____

**These numbers will be used for demographical information only.*

FOR REVIEW AND SIGNATURE

Under penalties of perjury, I declare the above information and any attached supplements are true, complete and correct. I understand that filing false information may result in revocation of my Business License. This application must be signed by the owner, if the business is a sole proprietorship, or by an individual listed as an Officer, Partner, or Member in Section G of this application. The signing party is acknowledging they have direct supervision or control over the business license.

State and/or Federal law provisions regulate the presence of aliens in the United States. I understand that pursuant to 2008 Missouri House Bill 1549 certain public benefits are prohibited by law from being provided to aliens unlawfully present in the United States and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been or is being obtained and assert the obtaining of the permit or license will not violate the prohibition on providing certain public benefits for aliens unlawfully present in the United States as set forth in H.B. 1549. Should I become aware, after issuance of the permit or license and during the term of the permit or license that the business is in violation of H.B. 1549, I will immediately notify the City of the violation. I understand failure to do so may result in denial/revocation/suspension of the permit or license. After notification of the violation is provided to the City, the business shall immediately advise the City of steps being taken to correct the violation. Failure to timely correct the violation may result in denial/revocation/suspension of the permit or license.

I understand that I am not to conduct business until my application has been approved and my business license has been received.

_____

Signature of Applicant Date (MM/DD/YY)

_____

Printed Name Title

OFFICE USE ONLY

Check all that apply: Business ID No. _____

- ☐ Copy of Driver's License
- ☐ Copy of Social Security Card
- ☐ Criminal History Report
- ☐ Digital Copy of Picture
- ☐ List of Company Vehicles
- ☐ Proof of Insurance **(Business & Vehicle)**

Background Completed: _____

Note any felonies or misdemeanors.

Indebtedness to the City? ☐ Yes ☐ No If yes, describe debt: _____

Previous Permit Revoked? ☐ Yes ☐ No If yes, describe: _____

Application Approved? ☐ Yes ☐ No If no, state reason: _____

_____ _____

Issuing Authority Date