

City of Holt  
P.O. Box 170  
Holt, MO 64048  
(816) 320-3391

## APPLICATION FOR 2023 OCCUPATION LICENSE

It is the opinion of the Board of Aldermen of the City of Holt that you are engaged in one or more businesses with the City of Holt, Missouri. Please complete this application and mail with your check payable to the City of Holt, in the amount of **\$25.00**. Should you have any questions, please contact City Hall at (816) 320-3391.

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

OWNER OF BUSINESS: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ (e.g.: wholesale, retail, service)

TYPE OF BUSINESS: \_\_\_\_\_ (e.g.: drug, hardware, bank)

LOCATION OF BUSINESS: \_\_\_\_\_

MO Dept. of Revenue sales tax no.: \_\_\_\_\_

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The State of Missouri now requires applicants to provide a copy of certificate of insurance for workers' compensation coverage. If your business is ***not required*** by Missouri State law to have workers' compensation coverage, you should ***sign and notarize the affidavit at the bottom of this form.***

Signed: \_\_\_\_\_ Mailing address: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: \_\_\_\_\_

In case of emergency, contact:

(1) Name & address: \_\_\_\_\_ Phone: \_\_\_\_\_

(2) Name & address: \_\_\_\_\_ Phone: \_\_\_\_\_

### AFFIDAVIT FOR USE IF YOU ARE EXEMPT FROM WORKERS' COMPENSATION

State of Missouri

County

I, \_\_\_\_\_, after being duly sworn, state that I am the owner/officer of \_\_\_\_\_ and pursuant to Missouri law such business does not require workers' compensation coverage.

Signature: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Notary public: \_\_\_\_\_

My commission expires: \_\_\_\_\_