

FOR OFFICE USE ONLY

Lic. # \_\_\_\_\_

Date Issued: \_\_\_\_\_

APPLICATION FOR MARION COUNTY

**MERCHANTS LICENSE**

(License fee \$25)

Due Jan 1, expires Dec. 31

NAME AND ADDRESS OF BUSINESS

Business Name: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Business Location: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date Business Opened: \_\_\_\_\_

**Sworn Statement of Exemption**

The Missouri Workers Compensation Law, Chapter 287, revised Statutes of Missouri 1986, as amended 1993, does not require Workers Compensation coverage for the business listed above.

If not exempt, what is your Policy Number: \_\_\_\_\_

**Missouri Retail Sales Tax ID**

No. \_\_\_\_\_

\_\_\_\_\_  
Signature of business owner

By: \_\_\_\_\_

Mail with payment to: Marion County Collector, 906 Broadway, Hannibal, MO 63401