

DADE COUNTY MERCHANT'S LICENSE APPLICATION

LICENSE VALID JANUARY 1 THROUGH DECEMBER 31 OF CURRENT YEAR PLEASE

TYPE OR PRINT CLEARLY INFORMATION REGARDING BUSINESS

LEGAL NAME (CORPORATION/COMPANY/INDIVIDUAL/LLC)

ADDRESS _____

FOR ABOVE

(STREET)

(CITY)

(STATE)

(ZIP CODE)

TELEPHONE NUMBER _____

NAME OF BUSINESS IN DADE COUNTY _____

BUSINESS LOCATION IN DADE COUNTY _____

(STREET)

(CITY)

(ZIP CODE)

MAILING ADDRESS FOR LICENSE RENEWAL _____

(STREET)

(CITY)

(ZIP CODE)

TELEPHONE # FOR DADE COUNTY LOCATION _____

DATE BUSINESS OPENED _____

DO YOU EMPLOY FIVE OR MORE PEOPLE? YES OR NO -

IF NO, PLEASE SIGN _____

IF YES: I HEREBY CERTIFY THAT ALL REQUIREMENTS OF RSMO SECTION 287 CONCERNING WORKMAN'S
COMPENSATION INSURANCE HAVE BEEN COMPLIED WITH:

PLEASE SIGN: _____

INFORMATION REGARDING APPLICANT:

APPLICANT IS: OWNER MANAGER AGENT

LEGAL NAME OF APPLICANT _____

(PLEASE PRINT)

SIGNATURE OF APPLICANT _____

DATE _____

PAYMENT MAY BE MADE BY CHECK OR MONEY ORDER. ATTACH PAYMENT OF **\$25.00** TO APPLICATION –

MADE PAYABLE TO:

Dade County Collector

300 W. Water St

Greenfield, Mo 65661