

City of Lawson, MO
103 S. Pennsylvania Ave.
PO Box 185
Lawson, MO 64062



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FAX: 816-580-3914
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Application for Occupational License for Lawson, MO

2021 – 2022

Annual City License valid July 1st – June 30th

You must provide the City with:

- Certificate of Liability Insurance \$300,000 per occurrence and
- \$600,000 on a general aggregate basis
- Certificate of Workman's Compensation

***THERE IS NO CHARGE FOR THIS BUSINESS LICENSE ***

Date of Application _____

Type of Organization Individual Partnership Corporation LLC
 LLP Non-Profit Governmental Other

Missouri Tax Number _____

Federal ID Number _____

Description of Business _____

Does your business consist of Retail Sales yes no

Number of employees Fulltime _____ Parttime _____

Legal Name of Business _____

Trade Name of Business (DBA) _____

Physical Location _____

(NOT A PO BOX) _____

BUSINESS PHONE: () _____ - _____

MOBILE PHONE: () _____ - _____

EMAIL ADDRESS _____

MAILING ADDRESS _____

Contact Person _____ Contact Phone () _____ - _____

Contact Email _____ Contact FAX () _____ - _____

Applications will not be accepted without acknowledgement of receipt for the following information:

Code Section 270 - Free



Please indicate with initials that you have read and/or received information on the following:

(Initial)
_____ Section 285.530 RSMo. Knowingly employing or hiring unauthorized alien to perform work
(below)

Applicant is hereby informed that Section 285.530 RSMo. Prohibits any business entity or employer from knowingly employing, hiring for employment, or continuing to employ an unauthorized alien to perform work in the State of Missouri. Furthermore, applicant is informed that if it fails to respond to a request of the Missouri Attorney General to provide identity information regarding any persons alleged to be unauthorized aliens, that the Attorney General is authorized to direct the City of suspend the Applicants business license.

For Contractor Only: I am aware of the EPA Lead Law.

(Initial)
_____ EPA Renovation, Repair and Painting Program rule: Title 40, Part 745, Subpart E information
(EPA-740-F-08-001, March 2008).

Owner/Representative	Signature	_____
	Title	_____
	Date	_____