

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



Phone: 816-580-3217
FAX: 816-580-3914
cstephan@lawsonmo.gov

Application for Occupational License for Lawson, MO

2022-2023

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

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

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

()

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



Code Section 605

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	_____