



City of Odessa, MO
 Melissa Hundley, City Collector
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 cityofodessamo.com



Business License Application

Business Information

Name of Business: _____

Phone Numbers: _____ Email: _____

Business Address (Physical Location): _____
(Street Address) (City) (State) (Zip)

Owner or Manager's Name: _____

Type of Business: _____

Number of people employed by this business, including owners and family:

Billing Information

Mailing Address: _____
(Street Address) (City) (State) (Zip)

Do you wish to renew your license in July? Yes _____ No _____

Applicable Ordinances

City Code of Ordinances: Chapter 3 – Licenses and Regulation of Business; Subchapter A

(MUST complete back of application)

Are you required to obtain Workers' Compensation Insurance? Yes _____ No _____

If so, you must provide proof of insurance.



Effective January 1, 2009, Missouri Law requires all applicants conducting business where goods are sold at retail to provide a letter of no Tax Due from the Missouri Department of Revenue.

 Applicant Signature

 Date

CITY USE ONLY		Amount Paid:	
License #		Date Paid:	

Workers' Compensation Insurance Guidelines

- Please read the following carefully to determine if you must comply with the Missouri Worker's Compensation laws.

Who must obtain Workers' Compensation Insurance?

According to Section 287.030.1(3) of the Revised Statutes of Missouri (RSMO), employers who must obtain the insurance are:

- Any employer with five (5) or more employees; or
- Any construction industry employers who erect, demolish, alter or repair, with one (1) or more employees.

Pursuant to Section 287.061.1 RSMo, any employer who falls into either of the above categories must provide a Certificate of Insurance to the City or Community in which he/she wishes to obtain an occupational or business license.

I have read the above insurance information and verify that my business: (pick one)

- Has five (5) or more employees and I have Proof of Insurance
- Has one (1) or more employees and is in the construction industry and I have Proof of Insurance
- Is not construction related and I have zero to four (0-4) employees
- Has five (5) or more employees and I have Proof of Insurance
- Is construction related but I have zero (0) employees

Applicant Signature

Building Inspection Requirement

- **New businesses** located INSIDE CITY LIMITS may not open without a safety inspection from the City Building Code Enforcement Department. Any existing issues with the Planning/Zoning and/or Public Works Departments must also be satisfied before issuance of license.

I _____ owner/manager of

_____ (Business Name) have read the above information.

I understand and agree that I will not open for business until the appropriate inspections are completed and approved.

Date requesting to be open: _____

Applicant Signature