

GENERAL BUSINESS LICENSE APPLICATION

CITY OF HERMANN
1902 Jefferson Street
HERMANN MO 65041
PHONE # 573/486-5400 FAX # 573/486-5432

- 1. NAME OF BUSINESS: BUSINESS ADDRESS/LOCATION: MAILING ADDRESS (if different): WEBSITE ADDRESS: PHONE NO.
2. NAME AND ADDRESS OF ALL BUSINESS OWNER/S:
3. COMPLETE DESCRIPTION OF THE BUSINESS OR PRACTICE TO BE TRANSACTED:
4. DATE BUSINESS PLANNED TO OPEN:
5. MISSOURI SALES TAX NUMBER OR INDICATION OF EXEMPTION:
6. DOES YOUR BUSINESS OWN COIN-OPERATED MACHINES FOR WHICH A LICENSE IS REQUIRED?

FOR CONSTRUCTION CONTRACTORS ONLY:
ALL CONSTRUCTION CONTRACTORS APPLYING FOR THIS LICENSE MUST PROVIDE PROOF OF WORKERS' COMPENSATION COVERAGE OR AN AFFIDAVIT OF EXEMPTION PURSUANT TO RSMo CHAPTER 287.061.
NOTICE TO ALL CONTRACTORS: THE CITY OF HERMANN ADOPTED THE INTERNATIONAL BUILDING CODE (IBC) EFFECTIVE APRIL 13, 2003. INTERNATIONAL BUILDING CODE 2008 & 2009 ADOPTED DEC. 13, 2010.

FEES: \$32.50 PER YEAR \$16.25 AFTER JULY 1
COIN OPERATED MACHINES \$5.00 EACH

Bed and Breakfast or Guest House, please see below definitions and check applicable box:

BED AND BREAKFAST HOME

A private, owner-occupied dwelling containing not more than four (4) guest rooms in which transient guests are lodged for sleeping purposes for compensation, with or without a morning meal provided, but with no food service for compensation except for overnight guests. The dwelling must be the primary residence of the owner of record. Accessory buildings that do not meet all applicable building codes shall not be utilized as guest rooms.

GUEST HOUSE/BED AND BREAKFAST INN

A private dwelling containing not more than ten (10) guest rooms in which transient guests are lodged for sleeping purposes for compensation, with or without a morning meal provided, but with no food service for compensation except for overnight guests. Accessory buildings that do not meet all applicable building codes shall not be utilized as guest rooms.

Number of sleeping rooms
Managing Officer's name, address and phone # (if applicable)

By my signature on this application, I agree to remit Lodging Tax separately for each licensed lodging establishment I own.

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SIGNATURE OF OWNER:
DATE: PHONE NUMBER:

**\*\* TO BE FILLED OUT BY CITY OFFICE STAFF\*\***

R-1  R-2  R-3  C-1  C-2  C-3  I-1  I-2  R-P  I-P  P-D  U-1  HO  N/A

BUILDING INSPECTOR REVIEW \_\_\_\_\_ DATE \_\_\_\_\_

APPLICATION RECEIVED BY \_\_\_\_\_ DATE \_\_\_\_\_

SALES TAX VERIFICATION \_\_\_\_\_ DATE \_\_\_\_\_

WORKERS' COMP VERIFICATION \_\_\_\_\_ DATE \_\_\_\_\_

Revised 11/2016