

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: _____

(If a partnership, name of all partners; if a corporation, name of president/CEO and Chief Operating officer; if other entity, name of owners, manager and all responsible parties.)

3. COMPLETE DESCRIPTION OF THE BUSINESS OR PRACTICE TO BE TRANSACTED: (use additional page if necessary)

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?

(Please list location of all coin-op machines if applicable.) _____

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 overnight for compensation ("Guests"). A Bed and Breakfast Home may provide food service to paying overnight Guests staying at this lodging location only. Food service shall not be provided to guests at other lodging facilities. 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 overnight for sleeping purposes for compensation ("Guests"). A Bed and Breakfast Inn may provide food service to paying overnight Guests staying at this lodging location only. Food service shall not be provided to guests at other lodging locations. 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.

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 10/2018 – amended definitions