

**CITY OF FULTON, MISSOURI
BUSINESS LICENSE RENEWAL APPLICATION
FOR LICENSE YEAR MARCH 1, 2025 THROUGH FEBRUARY 28, 2026**

SECTION A: BUSINESS INFORMATION

NAME OF BUSINESS: _____
DOING BUSINESS AS: *if different* _____
NAME OF OWNER: _____
YOUR NAME: *if different* _____
YOUR POSITION: _____
BUSINESS LOCATION ADDRESS: _____

MAILING ADDRESS: _____

EMAIL: _____
BUSINESS PHONE: _____
ALTERNATE PHONE: _____
IS THERE A SECOND LOCATION OR STORE? IF YES, ADDRESS: *please call to discuss license fees* _____
BRIEF DESCRIPTION OF THE NATURE OF THE BUSINESS: _____
PROFESSIONAL LICENSE NUMBER: _____
NUMBER OF EMPLOYEES: _____
YEAR BUSINESS OPENED: *this location* _____
INSURED THROUGH: _____

**WORKER'S COMPENSATION INSURANCE CERTIFICATION
BUSINESS LICENSE ADDENDUM**

I, _____, certify that:

____ I have the necessary Worker's Compensation Insurance coverage as required by state law to do business in Missouri.

If yes, you must include a CERTIFICATE OF INSURANCE.

____ I am exempt because I have fewer than five (5) employees [one (1) if construction].

Further, I understand that, in addition to other penalties and sanctions as provided by state law, I am subject to revocation of the business license issued by the City of Fulton if I do not maintain adequate worker's compensation coverage as required by state law (RSMo. 287.030).

NAME OF BUSINESS: _____
DOING BUSINESS AS: *if different* _____
SIGNATURE: _____

SECTION B: FEES

BUSINESS LICENSE FEES

Fulton City Code Sec. 22-106 Tax: All businesses operating within the City of Fulton shall pay the following tax based on the total gross receipts from the previous calendar year.

I, _____,
the owner, operator, or filing agent of this business that is
operating within the City of Fulton, do solemnly swear upon oath
that the total gross receipts from the previous calendar year for this
business have amounted to \$ _____.

LICENSE FEE:

\$49,999 or less.....	\$25.00	\$300,000 to 399,999.....	\$200.00
\$50,000 to 99,999.....	\$50.00	\$400,000 to 499,999.....	\$250.00
\$100,000 to 199,999.....	\$100.00	\$500,000 to 1,000,000...	\$300.00
\$200,000 to 299,999.....	\$150.00	over \$1,000,000.....	\$350.00

LICENSE FEE BASED ON TOTAL GROSS RECEIPTS: \$ _____
LATE FEE DUE IF PAID AFTER MARCH: \$ _____

Late Fee Schedule

If Renewal Fee Is:	April	May	June	July	August	September	October	November	December	January
\$25.00	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
\$50.00	\$2.50	\$5.00	\$7.50	\$10.00	\$12.50	\$15.00	\$17.50	\$20.00	\$22.50	\$25.00
\$100.00	\$5.00	\$10.00	\$15.00	\$20.00	\$25.00	\$30.00	\$35.00	\$40.00	\$45.00	\$50.00
\$150.00	\$7.50	\$15.00	\$22.50	\$30.00	\$37.50	\$45.00	\$52.50	\$60.00	\$67.50	\$75.00
\$200.00	\$10.00	\$20.00	\$30.00	\$40.00	\$50.00	\$60.00	\$70.00	\$80.00	\$90.00	\$100.00
\$250.00	\$12.50	\$25.00	\$37.50	\$50.00	\$62.50	\$75.00	\$87.50	\$100.00	\$112.50	\$125.00
\$300.00	\$15.00	\$30.00	\$45.00	\$60.00	\$75.00	\$90.00	\$105.00	\$120.00	\$135.00	\$150.00
\$350.00	\$17.50	\$35.00	\$52.50	\$70.00	\$87.50	\$105.00	\$122.50	\$140.00	\$157.50	\$175.00

SECTION C: ADDITIONAL INFORMATION (Not all information will apply)

- A. Is the physical address of your business in the City Limits? YES ___ NO ___
- ✓ If yes, you must include a copy of the **2024 PAID REAL ESTATE AND PERSONAL PROPERTY TAXES** from the Callaway County Collectors Office. Fulton City Code Sec. 22-29.
- B. Does your business collect sales tax? If yes, MO Sales Tax ID# _____
- ✓ If yes, you must include a current **CERTIFICATE OF NO TAX DUE** form from the Department of Revenue (www.dor.mo.gov or call 573.751.9268). RSMo 144.083.
- C. Is your business a food establishment? YES ___ NO ___ (not including home businesses)
- ✓ If yes, you must include the most recent **HEALTH INSPECTION** from the Callaway County Health Department (call 573.642.6881). Fulton City Code Sec. 58-28
- D. Does your business sell cigarettes? YES ___ NO ___
- ✓ If yes, **cigarette supplier?** _____
Fulton City Code Sec. 22-61

SECTION D: ATTESTATION

I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS A TRUE STATEMENT. I AM AWARE THAT FALSIFYING OR MISREPRESENTING ANY INFORMATION ON THIS APPLICATION MAY RESULT IN THE REVOCATION OF THE BUSINESS LICENSE AND MISDEMEANOR. I AM ALSO AWARE THAT OPERATING IN VIOLATION OF ANY MUNICIPAL, STATE, OR FEDERAL STATUTES WILL CAUSE REVOCATION OF THE BUSINESS LICENSE. LAST, I SWEAR THAT I AM DULY AUTHORIZED TO SIGN THIS STATEMENT AND MAKE APPLICATION.

*City Code Sec 22-103.

SIGNATURE _____ **DATE** _____

REVIEW: ITEMS NEEDED TO RECEIVE AN ANNUAL BUSINESS LICENSE

- ___ Application (**complete – legible**)
- ___ Payment (Checks made payable to the City of Fulton. Cash or card in-person payment only.)
- ___ Certificate of Insurance (businesses with more than five employees)
- ___ Certificate of No Tax Due (existing businesses that pay sales tax only)
- ___ Copy of 2024 paid Real Estate and Personal Property Taxes (businesses inside city limits)
- ___ Copy of most recent Health Inspection (food establishments only)

Mailing Address: City Clerk’s Office, PO Box 130, Fulton, MO 65251