

Bates County Collector

Kacie Robey
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Bates County Merchants License Application

License year January 1 through December 31, 2026

License Fee \$25.00

Make checks payable to: Kacie Robey, Bates County Collector

Missouri Revised Statutes 150.100 states, "No person, corporation, co-partnership, or association of persons shall deal as a merchant without a license. Each offender shall, upon conviction, be deemed guilty of a misdemeanor."

Do I need a Bates County Merchant's License for my business? Yes, if you answer yes to all the items below:

- *The business is located in Bates County within or outside the city limits of any incorporated area
- *There is a sales tax number issued to the business by the Missouri Department of Revenue
- *Product or merchandise is sold at retail
- *You collect and remit sales tax to the Missouri Department of Revenue

MISSOURI STATE SALES TAX NUMBER (8 DIGITS-REQUIRED) _____

NAME OF BUSINESS: _____ **BUSINESS TELEPHONE:** _____

PHYSICAL ADDRESS OF BUSINESS: (Must purchase a license for each location of business)

MAILING ADDRESS IF DIFFERENT THAN BUSINESS OR PHYSICAL ADDRESS: _____

OWNERS NAME: _____ **OWNERS PHONE:** () _____

RSMo 150.100 THE STATE OF MISSOURI REQUIRES THAT A VERIFICATION OF WORKERS' COMPENSATION INSURANCE BE GIVEN BEFORE ANY MUNICIPALITY OR COUNTY CAN ISSUE A LICENSE FOR BUSINESSES IN THE FOLLOWING CATAGORIES:

PLEASE CHECK IF APPLICABLE: _____ CONSTRUCTION; WITH 1 OR MORE EMPLOYEE(S) _____ NON-CONSTRUCTION; WITH 5 OR MORE EMPLOYEES

IF YOU CHECKED EITHER LINE ABOVE, YOU ARE REQUIRED UNDER CHAPTER 287 RSMo TO PROVIDE WORKER'S COMPENSATION INSURANCE. IF THIS APPLIES, PLEASE ATTACH A COPY OF YOUR INSURANCE CERTIFICATE. IF THIS DOES NOT APPLY, PLEASE SIGN THE "EXEMPT" LINE BELOW.

EXEMPT _____ **DATE** _____

PLEASE NOTE: IF YOUR BUSINESS IS LOCATED WITHIN A CITY OR INCORPORATED AREA, YOU WILL NEED TO CHECK TO SEE IF THEY ALSO REQUIRE A CITY LICENSE. PLEASE CONTACT THE CITY OFFICES WITHIN THE CITY YOU ARE DOING BUSINESS IN, FOR MORE INFORMATION.

RETURN THIS FORM WITH \$25 PAYMENT AND COPY OF INSURANCE IF APPLICABLE