

**CITY OF WESTON, MISSOURI  
CONTRACTORS APPLICATION FOR BUSINESS LICENSE  
(Cost: \$50 per year or \$25 for six months)**

Date: \_\_\_\_\_

1. Name of the business, employment, occupation, agency, amusement or exhibition:

\_\_\_\_\_

2. Address when the business, employment, occupation, agency, amusement or exhibition will be operated:

\_\_\_\_\_ Various locations in Weston \_\_\_\_\_

3. Name and residence address of each owner, or in the case of a corporation, the legal name of the corporation, date of incorporation and the business address of the corporation:

\_\_\_\_\_  
\_\_\_\_\_

4. Give a brief description of the nature of the business, employment, occupation, agency, amusement or exhibition to be conducted pursuant to the license:

\_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

Chapter 287 RSMo mandates that the City of Weston shall require proof of Workers Compensation coverage prior to the issuance of business or occupational license, unless the business is exempt pursuant to Chapter 287 RSMo. A copy of your Workers Compensation Certificate must be attached to renew your license.

\_\_\_\_\_ Worker's Compensation Certificate Attached

\_\_\_\_\_ My business is exempt from Workers Compensation coverage pursuant to Chapter 287 RSMo.

I swear that the information provided on this renewal application is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Received by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Business Owner's Telephone Number