



**City of Waynesville**

**Economic Development**

*Come Grow with Us*

**100 Tremont Center  
Waynesville, MO. 65583  
Phone: (573) 774-6171**

**License No.** \_\_\_\_\_

## VEHICLE FOR HIRE BUSINESS LICENSE APPLICATION

### 1. COMPANY INFORMATION

New Business	License Renewal	Name Change	Change in Ownership
<b>Corporation or LLC Name</b> (if applicable)			<b>Est. Start Date</b>
<b>Name of Business</b> (Must match business card & advertising)		<b>Tax ID #</b>	<b>FEIN #</b>
<b>Type of Ownership</b> <div style="display: flex; justify-content: space-around;"> <span>Sole Proprietor</span> <span>Partnership</span> <span>Limited Liability Company (LLC)</span> <span>Corporation</span> </div>			
<i>The business name must be registered with the Missouri Secretary of State as <a href="http://www.sos.mo.gov">www.sos.mo.gov</a>. An out-of-state business must register as a transient employer by calling the Department of Revenue at (573) 751-0459</i>			
Business Address			Phone
City	State	Zip Code	
Mailing Address			Phone:
City	State	Zip Code	
Business Contact Email			Business Website

### 2. NAME OF OWNERS, PARTNERS, LLC MEMBERS, OFFICERS (list below – provide add-on sheet if necessary)

Owner's Name	Title	Phone No.
Home Address	Date of Birth:	SSN:
<b>All business owners must provide two forms of ID, one including a picture.</b>		
Name	Title	Phone No.
Home Address		
Name	Title	Phone No.
Home Address		
<b>Name of Manager</b>		Phone No.

### 3. CRIMINAL HISTORY

**The Applicant must obtain, at their expense, the necessary criminal history check required by Municipal Code.**

Has the applicant or any person listed as having an interest in the company been convicted of a felony?      Yes      No

If yes, please explain: \_\_\_\_\_

Has the applicant or any person listed as having an interest in the company been convicted of a misdemeanor involving use or threat of force or violence, sale of drugs, sexual abuse or within the last two (2) years of violating the provisions in Chapter 730 or have any other license or permit revoked with the City.

Yes      No      If yes, please explain: \_\_\_\_\_

4. TYPE OF LICENSE				
Taxi Company	Chauffer/Limousine Company	TNC (Transportation Network Company)	Wheelchair Coach	
Number of Employees: _____				
If a TNC, do all drivers have clear background checks?      Yes      No      If yes, please explain				
5. VEHICLE INFORMATION				
List information for each vehicle in the company's fleet. If any of the information provided changes during the year, it is the Applicant's responsibility to update City Hall prior to the actual use of the vehicle.				
<b>MAKE</b>	<b>MODEL</b>	<b>YEAR</b>	<b>VIN #</b>	<b>OFFICE USE ONLY PERMIT NO.</b>

\*Attach additional pages if necessary

5. WORKER'S COMPENSATION INSURANCE – CERTIFICATE OF LIABILITY
<p><b>Worker's Compensation Insurance Coverage Exemption Affidavit:</b> I understand that under RSMo. 287.040 an employer is required to have Worker's Compensation Insurance unless determined to be exempt. I hereby certify and swear that this business <u>meets the State requirements to be exempted</u> from having Worker's Compensation Insurance. (please submit the proper Missouri Worker's Compensation Exempt Form)</p> <p>Signature of Applicant _____</p>

6. FEE SCHEDULE			
Type	Fee	Quantity	Total
Business License Fee	<b>\$100.00</b>		
Permit Cost per Vehicle	<b>\$ 10.00</b>		
		<b>Total License Fee</b>	

**13. RESPONSIBLE PARTY CERTIFICATION** (To be signed by the local manager or owner that is responsible for the operation of the business)**The individual signing this document must provide a copy of their current driver's license for identification.**

I (the undersigned) have answered all questions on the application and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make application and certify the information on its behalf. I will notify the City if I leave the employment of the business being license or no longer function as it's Responsible Party. On behalf of the business, I acknowledge and agree to the following: **(Please initial each statement)**

\_\_\_\_\_ Our business cannot commence operations in Waynesville until a business license and accompanying permits have been issued.

\_\_\_\_\_ Our business must carry Worker's Compensation Insurance unless exempted by State Law and provide the City with proof of Insurance or of Exemption.

\_\_\_\_\_ I must notify the City Clerk of any change in Business name, address, ownership or responsible party.

\_\_\_\_\_ I am responsible for maintaining a current and active business license and/or required permits if conducting business in Waynesville.

\_\_\_\_\_ I agree to operate the business in accordance to all City ordinances and State Laws that affect our business operation.

\_\_\_\_\_ I acknowledge by my signature below that I will accept responsibility for service of any citation issued by the City for any violations of the Waynesville Municipal Code by the business.

**Responsible Party Signature** \_\_\_\_\_

**Date Signed**

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

**Phone No.**

**Email:**

**OFFICE USE ONLY**

Check all that apply:

Account No \_\_\_\_\_

☐ Valid Picture ID

☐ Criminal History Report

☐ List of Company Vehicles

☐ Additional Identification

☐ Digital Copy of Picture

☐ Proof of Insurance

(Business & Vehicle)

Background Completed: \_\_\_\_\_

**Note any felonies or misdemeanors.**

Indebtedness to the City? ☐ Yes ☐ No If yes, describe debt: \_\_\_\_\_

Previous Permit Revoked? ☐ Yes ☐ No If yes, describe: \_\_\_\_\_

Application Approved? ☐ Yes ☐ No If no, state reason: \_\_\_\_\_

\_\_\_\_\_  
Issuing Authority

\_\_\_\_\_  
Date