

**RALLS COUNTY
MERCHANT'S LICENSE
STATEMENT**

BUSINESS NAME:

MAILING
ADDRESS:

Phone number:

This statement is to notify you that your Merchant's License is due and must be purchased by January 1 to operate a business in Ralls County. The license fee is **\$25.00**. Please contact the Collector's Office if you are no longer operating your business in Ralls County.

Please check the one that applies to you:

I certify that I have Worker's Compensation coverage for my business.

Policy No. _____

Missouri Retail Sales Tax Number _____

I certify that my business does not require Worker's Compensation Coverage.

Date: _____

Signature: _____

Please return this statement with your remittance check of \$25.00 to:

**Tara Comer
Ralls County Collector
PO Box 340
New London MO 63459**