City of Kansas City, Mo.
Neighborhood and Community Services Department
Regulated Industries Division
635 Woodland Ave., Suite 2101
Kansas City, MO 64106

Business Name _____
Business Location _____
Name _____
Address _____

This notice is a reminder that Missouri law now requires that taxpayers submit a certificate of workers' compensation or an exemption (withdrawal) form PRIOR to issuance of a liquor license by the City of Kansas City, Mo. Return this notice with Form A or Form B completed, your liquor license application and payment, to the above address. For more information, call the Regulated Industries Division, (816) 784-9000.

FORM A **WORKERS' COMPENSATION - EXEMPTION**

Employer Fed ID: _____ Social Security #_____ ACCT. ID: _____

Reason for withdrawal: _____ Four or fewer employees
_____ No employees (Construction employers only)
_____ Farm labor
_____ Other (please specify) _____

The undersigned employer hereby gives notice that said employer hereby withdraws election(s) to accept the Missouri compensation law as specifically indicated above.

_____/_____/_____ _____
Date Employer's Signature and Title

REF. MO-WC65B

FORM B **CERTIFICATE OF INSURER**

Employer Fed ID: _____ Social Security #_____ ACCT. ID: _____

This is to certify that the workers' compensation of the employer named below has been:
____ Issued ____ Renewed

Extended to cover: _____ Sole Proprietor _____ Partners _____ Copartners
Policy Number: _____ Effective Date ____/____/____ Expiration Date: ____/____/____
Carrier Name: _____
Carrier Address: _____
Carrier Phone Number: _____ Employer Phone Number: _____
Carrier Representative's Signature: _____ Date: ____/____/____

Note: Please include a certificate of insurance issued by an insurance company showing workers' compensation or same may be submitted in lieu of this form.

********** DO NOT COMPLETE BOTH FORMS **********

REF. MO-WC75