



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