

# Statement of Exemption

## WORKERS COMPENSATION

Business Name: \_\_\_\_\_  
(from Business License Application)

License Number: \_\_\_\_\_  
(from Business License Application)

The undersigned affirms that the Business License applicant is not required to cover applicant's liability under Chapter 287, Revised Statutes of Missouri.

The basis of the applicant's claim of exemption is as follows:

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Completed By: \_\_\_\_\_  
(Print Name)

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

Capacity: \_\_\_\_\_  
(Owner, Corporate Officer, Power of Attorney)