

# CITY *of* CAPE GIRARDEAU

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DEVELOPMENT SERVICES

\_\_\_\_\_  
DATE

\_\_\_\_\_, the owner or Managing  
(Name of Owner/Managing Officer)

Officer of \_\_\_\_\_,  
(Name of Business for which license is requested)

does hereby state under oath that the above named business enterprise is not required to secure and carry Worker's Compensation Insurance coverage under Missouri State Law.

WITNESS:

\_\_\_\_\_

