



Date Submitted _____
 Date Approved _____
 License # _____
 Period _____

CITY OF PARKVILLE ▪ 8880 Clark Avenue ▪ Parkville, MO 64152 ▪ (816) 741-7676 ▪ FAX (816) 741-0013

Out-of-Town Business/Occupational License Application

1. Type of Application

- | | | | |
|---|--|--|---|
| App Type (check one) | Business Type (check one) | Ownership Type (check one) | Other (check all that apply) |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Home business | <input type="checkbox"/> Corporation | <input type="checkbox"/> Retail sales |
| <input type="checkbox"/> Ownership change | <input type="checkbox"/> Store Front | <input type="checkbox"/> Partnership | <input type="checkbox"/> Food prep/sales |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Other | <input type="checkbox"/> Not for profit | <input type="checkbox"/> Alcohol sales/service |
| <input type="checkbox"/> Location change | | <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Fireworks sales/displays |
| <input type="checkbox"/> Renewal | | | <input type="checkbox"/> General Contractor |
| | | | <input type="checkbox"/> Other Contractor |
| | | | <input type="checkbox"/> Other |

2. Business information

Common Name or DBA: _____
 Legal/Corporation Name (if different): _____
 Missouri State Sales Tax #: _____ Website: _____
 Business Address (no PO's): _____
 City/State/Zip: _____
 Business Phone: _____ Business Fax: _____
 Mailing Address (if different from above): _____
 City/State/Zip: _____ Email: _____
 Type of business: _____

3. Business owner information (if more than one owner additional information to be attached)

Name of sole owner, primary partner, or president: _____ Title: _____
 Address (if different from above): _____ Phone: _____
 City/State/Zip: _____ Email: _____
 Alternative Contact: _____ Phone: _____

4. Affidavits (complete only those that apply)

Missouri State sales taxes paid in full (business with sales tax only): Beginning January 1, 2009 all businesses requiring a Missouri State sales tax license must demonstrate that no State sales taxes are due at the time of application. Proof of no taxes due must also be attached.

I certify by signature below that all Missouri State sales taxes owed by this business are paid in full.

Signature _____ Date: _____

Workers' compensation exemption: State law requires all construction industry businesses to provide a certificate of insurance for Workers' Compensation Coverage, unless specifically exempt. Although the City does not require proof for non-construction businesses, check with the Missouri Department of Labor for other requirements.

I certify by signature below that the above business is adequately insured a copy of which is attached.

I certify by signature below that the above business is exempt from the Missouri Workers' Compensation Law (contractors only, must include signed affidavit of exemption).

Signature _____ Date: _____

Registration with the State of Missouri (Businesses outside Missouri): State law requires all out of state businesses (foreign entities) transacting or doing business in Missouri to obtain a Certificate of Authority, unless specifically exempt.

I certify by signature below the above business is properly registered in the State of Missouri.

I certify by signature below the above business is exempt from any requirement to register in the State of Missouri.

Signature _____ Date: _____

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5. Checklist of submittals required at time of application

For more information about the requirements below, visit <http://parkvillemo.gov/community/business-licenses>.

ALL APPLICANTS:

- | | | |
|--|--|---|
| <input type="checkbox"/> Completed application | <input type="checkbox"/> License fee | <input type="checkbox"/> Signature of business owners of record |
| <input type="checkbox"/> Business registrations with State of Missouri | <input type="checkbox"/> Legal Name
(sole proprietors exempt) | <input type="checkbox"/> Fictitious Name (DBA)
(sole proprietors only if doing business under name other than personal name) |

The information below is required for the following types of businesses, in addition to the information above.

RETAIL SALES (for all businesses where goods are sold at retail in Parkville):

- Missouri Tax ID number and No Tax Due Statement (with Parkville designation)
- Platte County Merchants License
- Affidavit to Make Retail Sales

FOOD SALES (all businesses preparing/selling perishable foods in Parkville):

- Copy of Platte County Health Department permit
- Platte County Merchants License
- Missouri Tax ID number and No Tax Due Statement (with Parkville designation)
- Affidavit to Make Retail Sales

CONTRACTORS providing services in Parkville:

- Copy of current workers' compensation coverage or affidavit of no coverage (required by RSMo 287.061)
- Copy of electricians license(s) for any business providing electrical contracting services (any license from metro area; for example, KCMO, Johnson County, etc.)

Other Applications required separate from business / occupational license (as applicable)

- Liquor license (contact City Clerk)
- Peddlers, solicitors and canvassers permits and identification cards (contact City Clerk)
- Temporary event permit (contact Community Development)

7. Acknowledgements and authorization signatures (both signatures required)

I, the undersigned, do hereby authorize the submittal of this application and associated documents and certify and affirm by my signature that all information I have provided herein is true and correct. I do hereby agree to abide by and comply with all applicable Parkville Municipal Codes and conditions of approval. I further understand that any violations from the provisions of said codes or conditions of approval shall constitute cause for the retraction of this permit, and enforcement and penalties as prescribed by the Parkville Municipal Code shall be applied. I understand that this application is non-transferable and that changes, may require submittal of a new application. I understand that in any case this application must be renewed annually.

Business owner (printed name) _____ Title: _____

Signature _____ Date: _____

For City Use Only

License Fee \$ _____ Date paid: _____ By: Check # _____ MO # _____
Payment made by: _____ Credit Card Order # _____ Cash
Received by: _____ Conditions (if any): _____

Application accepted as complete by: _____ Date: _____