



Date Submitted: \_\_\_\_\_  
 Date Approved: \_\_\_\_\_  
 License #: \_\_\_\_\_  
 Period: \_\_\_\_\_

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

## In-Town Business License Application

### 1. Type of Application

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

### 2. Business information

Fictitious Name (DBA): \_\_\_\_\_  
 Legal/Corporation Name: \_\_\_\_\_  
 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. Property owner information *(if different from business owner)*

Fictitious Name (DBA): \_\_\_\_\_  
 Legal/Corporation Name: \_\_\_\_\_  
 Name of owner/primary partner/president: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City/State/Zip: \_\_\_\_\_ Email: \_\_\_\_\_

### 5. Affidavits *(complete only those that apply)*

**City taxes & fees paid in full:** Parkville Municipal Code Section 605.120 requires payment of all applicable City taxes (sales, property, & others) and fees related to a business prior to issuance of a license or renewal.

I certify by signature below that all taxes and fees owed the City of Parkville by this business are paid in full.

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

**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 (construction only):** 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 (must include signed affidavit of exemption).

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

Date Submitted: \_\_\_\_\_  
Date Approved: \_\_\_\_\_  
License #: \_\_\_\_\_  
Period: \_\_\_\_\_

## 6. Checklist of submittals required at time of application

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

### **ALL APPLICANTS:**

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Completed application   | <input type="checkbox"/> License fee  | <input type="checkbox"/> Signature of business and property owners   |
| <input type="checkbox"/> Fictitious Name/DBA<br><small>(doing business under name other than legal name;<br/>sole proprietors doing business under name other than personal)</small> | <input type="checkbox"/> Legal Name<br><small>(sole proprietors exempt)</small> | <input type="checkbox"/> Business Personal Property Taxes Paid<br><small>*Renewals only; new applicants see New Businesses</small> |

### **NEW BUSINESSES (or businesses with change in ownership or location):**

- City of Parkville Certificate of Occupancy (inspections)
- Southern Platte Fire Protection District Certification of Occupancy (inspections)
- Emergency Contact Information Form (*given to Police Department to have on file in case of emergency*)
- Waiver showing business personal property registered with Platte County Assessor's Office

### **RETAIL SALES (for all businesses where goods are sold at retail):**

- Missouri Tax ID number and No Tax Due Statement (for Parkville address)
- Platte County Merchants License
- Affidavit to Make Retail Sales (*only required if in process of obtaining MO tax ID number, but do not have it at time of application*)

### **FOOD SALES (all businesses preparing/selling perishable foods):**

- Platte County Health Department Permit
- Platte County Merchants License
- Missouri Tax ID number and No Tax Due Statement (for Parkville address)
- Affidavit to Make Retail Sales (*only required if in process of obtaining MO tax ID number and do not have at time of application*)

### **HOME-BASED BUSINESSES:**

- Completed and signed Home-based Compliance Affidavit
- Waiver for business personal property tax payment from Platte County Assessor's Office

### **CONTRACTORS:**

- Copy of current worker's compensation coverage or affidavit of no coverage (required by RSMo 287.061)
- Copy of electrician's license(s) for any business providing electrical contracting services (license from metro)

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

- Liquor license (contact City Clerk; must be approved by Board of Aldermen)
- Peddlers, solicitors and canvassers permits and identification cards (contact City Clerk)
- Sign and temporary sign permit(s) (contact Community Development/CD)
- Temporary event permit (contact CD)
- Site plan, plat, building permit, and all other use or construction approvals prior to issuance (contact CD)

## 7. Acknowledgements and authorization signatures (both signatures required)

*I, the undersigned, do hereby authorize submittal of this application and associated documents and certify and affirm by my signature all information I have provided herein is true and correct. I do hereby agree to 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: \_\_\_\_\_

**Property owner** (printed name) \_\_\_\_\_ Title: \_\_\_\_\_

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

*By signing as the property owner, you are confirming the business has been authorized to use your property.*

### **For City Use Only**

Fee (20.0000) \$ \_\_\_\_\_ Date paid: \_\_\_\_\_ By:  Check # \_\_\_\_\_  MO# \_\_\_\_\_

Payment made by: \_\_\_\_\_  Credit Card  Cash

Received by: \_\_\_\_\_ Conditions: \_\_\_\_\_

Approved by: \_\_\_\_\_ Approved date: \_\_\_\_\_