



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: \_\_\_\_\_

