



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 License Application

1. Type of Application

- | | | | |
|---|---|--|---|
| App Type <i>(check one)</i> | Business Type <i>(check one)</i> | Ownership Type <i>(check one)</i> | Other <i>(check all that apply)</i> |
| <input type="checkbox"/> New Business | <input type="checkbox"/> Home business | <input type="checkbox"/> Corporation | <input type="checkbox"/> LLC |
| <input type="checkbox"/> Ownership change | <input type="checkbox"/> Store Front | <input type="checkbox"/> Partnership | <input type="checkbox"/> LLP |
| <input type="checkbox"/> Name change | <input type="checkbox"/> Other | <input type="checkbox"/> Not for profit | <input type="checkbox"/> Other |
| <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): _____
 Business Address (no PO's): _____
 City/State/Zip: _____
 Business Phone: _____ Business Fax: _____
 Website: _____ Email: _____
 Mailing Address (if different from above): _____
 City/State/Zip: _____
 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)*

Workers' Compensation: 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). Exempt businesses are required to submit a signed and notarized affidavit of exemption with this application.

Signature _____ Date: _____

Registration of Legal and/or Fictitious Name(s) with Missouri Secretary of State: State law requires all businesses not located in Missouri (foreign entities) transacting or doing business in Missouri 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: _____

**In space below, explain why the business is exempt from this requirement.*

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5. Checklist of submittals required at time of application

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

ALL APPLICANTS:

- Completed application License fee Signature of business owners of record
Business registrations with State of Missouri Legal Name Fictitious Name (DBA)
(sole proprietors are exempt) (sole proprietors only if doing business under name other than personal name)

The information above is required for all applicants. For the information below, different items are required for different types of businesses.

CONTRACTORS providing services in Parkville:

- Copy of current workers' 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 (any license from metro area; for example, KCMO, Johnson County, etc.) if applicable.

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

- Peddlers, solicitors and canvassers permits and identification cards (contact City Clerk)
- Building permit (contact Community Development)

7. Acknowledgements and authorization signatures

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: _____