



Application for Occupational License General Business

Date: _____ New: _____ Renewal: _____

Business Name: _____ Federal ID number: _____

Business location: _____

Business mailing address: _____

Check One: _____ Date started Business: _____

_____ Corporation _____ Sole Proprietor _____ Partnership _____ Not for Profit _____ LLC _____

Business phone: _____ Emergency phone: _____

Briefly Describe Purpose of Business: _____

Contact Information (Do not list references)

Owner: _____ Home phone: _____

Home address (no PO Box): _____

Emergency phone: _____ Email: _____

In Case of Emergency Contact: (information used only in an emergency event that is imperative that you be notified)

1. Name: _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Home address: _____

2. Name: _____ Relationship: _____

Home phone: _____ Alternate phone: _____

Home address: _____

Fee Structure:

Use the annual gross receipts of your business for the preceding calendar year as shown by records on Federal and State tax returns to calculate the appropriate license fee. Electricians, Plumbers, & Mechanical contractors must pay Craftsmen License fee in addition to the Business License Fee. Check the appropriate line.

<u>Annual Gross Receipts</u>	<u>License Fee</u>
\$ 0.00 to 100,000	\$ 50.00 _____
100,001 to 1,000,000	100.00 _____
1,000,001 to 5,000,000	200.00 _____
5,000,001 and over	300.00 _____
Specific categories: Insurance/Real Estate Brokers & Agents	100.00 _____
Bank/Savings Institutions/Payday Loans	300.00 _____
Nursing Homes & Convalescent Facilities	50.00 _____
Craftsmen License: Electrician, Plumber, or Mechanical	New: 75.00 _____
	Renew: 50.00 _____
Joint Plumber and Mechanical	New: 125.00 _____
	Renew: 75.00 _____
Trash Haulers (per truck fee)	35.00 _____

A PENALTY of 10% applies if not renewed by the expiration date with an additional 1% per month for each additional month not renewed.

Please provide copies of the following information for License:

Proof of General Liability and Worker's Compensation Insurance, Current State License (if applicable), County Health Certificate.

Craftsmen License require Block Test results or other acceptable license



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Statement of Sales & Income Tax

Company Sales Tax Number: _____

Please check one of the following:

_____ I the undersigned, declare that my business is not subject to Missouri Retail Sales Tax and I have confirmed this information with the Missouri Department of Revenue. I also declare that income tax payments are current with all taxing jurisdictions. **(Provide proof of Missouri No Taxes Due)**

_____ I the undersigned, declare that my business is current with all Retail Sales Taxes due as required in RSMO 144. I also declare that income tax payments are current with all taxing jurisdictions.

_____ I the undersigned, declare that my Business is delinquent in at least one of the following:
Sales Tax and /or Income Tax (License will not be issued if taxes are delinquent)

Statement of Workmen’s Compensation

Please check one of the following:

_____ I the undersigned, declare that my business is exempt from compliance with the Missouri Workman’s Compensation Law.

_____ I the undersigned, declare that my business has complied with the requirements of Missouri Workman’s Compensation Law as stated in RSMO 287. (Provide copies of Certificates of General Liability and Workman’s Compensation Insurance)

Signature: _____

Date: _____

Print Name: _____

Title: _____

City of Excelsior Springs Representative