



NO: _____

Application OCCUPATIONAL LICENSE

BUSINESS /Trade Name of Applicant _____ DATE _____

BUSINESS ADDRESS _____ Telephone Number _____

CITY/STATE _____ ZIP _____ MO. SALES TAX NO. _____

_____ NATURE OF BUSINESS _____
Mailing address if different from above (Wholesale, Retail or Service)

TYPE OF BUSINESS _____ E-MAIL _____
(for example: drug or hardware store, bank, etc.)

OWNER'S FULL NAME _____ DATE OF BIRTH _____

OWNER'S HOME ADDRESS _____

CITY/ STATE _____ ZIP _____ DRIVER'S LICENSE # _____

_____ BY _____
Name of owner or corporation Name Title

**Return original and required documents with appropriate fee to:
City of Smithville, 107 West Main Street, Smithville, MO 64089
Phone 816-532-3897 FAX 816-532-3990**

REQUIRED DOCUMENTATION:

Retail Sales License (Attached)* -----

State No Tax Due Statement (Attached)* -----

City No Tax/Fee Due Verified -----

Occupancy Statement Attached (Zoning) -----

Workmen's Compensation (Attached) -----

Completed W-9 Form (Or Copy of Driver's License) -----

Food Service Inspection Report¹ (Attached) ----

Lease of Owner's Permission² (Attached)

Utilities Available²

Users/Contractors Must Also Carry**

**General Liability Insurance (\$2.5 Million Min. Coverage)

**Worker's Compensation Insurance

Master's License (See Types Below) (Attached)

Electrical -----

Mechanical Master -----

Plumbing Master -----

LICENSE FEE:

Application Date:

December 1 - February 28: **\$50.00**

March 1 - May 31: **\$37.50**

June 1 – November 30: **\$25.00**

License will expire Nov. 30th. Renewal amount based on gross receipts.

* Only applies to retail businesses

1. Only applies to food service establishments.

2. Applies only to non-permanent vendors.