



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 Report<sup>1</sup> (*Attached*) -----
- Lease of Owner's Permission<sup>2</sup> (*Attached*) -----
- Utilities Available<sup>2</sup> -----
- Right-of-Way Users/Contractors Must Also Carry\*\*
- \*\*General Liability Insurance (\$2.5 Mil 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. 30<sup>th</sup>. 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.