



**BUSINESS LICENSE APPLICATION/RENEWAL**

CITY OF PECULIAR, MISSOURI

250 S. Main St.

PECULIAR, MISSOURI 64078

PHONE: 816-779-5212

FAX: 816-779-1004



*TYPE OF LICENSE: (check all that apply)*  Business  Construction  Cigarette Sales

**\*NOTE-Business Licenses expire December 31 each year.**

*Failure to obtain Business License may result in a fifty dollar (\$50.00) penalty per month per Ord. #080409 (PLEASE PRINT)*

Business Name: \_\_\_\_\_

Name of Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Description of Type of Business: \_\_\_\_\_

Fed. Emp. ID No. / Bus. Owner's S. S. # \_\_\_\_\_ Mo. Retail Sales Tax No. \_\_\_\_\_

Business Owner's Name: \_\_\_\_\_

Business Owner's Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Owner Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

All required documentation and payment, must be received, and inspections completed before license will be issued.

- Signed Business License Application
- Copy of "paid" 2015 Cass County Real Estate & Personal Property Taxes receipt or exemption from Cass County Collector 816-380-8377
- If Contractor: Proof of Workers Compensation Insurance *or* signed statement of exemption.
- If Retail business: Certificate of "No Tax Due" from the Mo Dept of Revenue: 573-751-9268
- Copy of annual fire inspection from West Peculiar Fire Protection District
- All businesses within the City limits (excluding construction and in-home businesses) are required to be inspected by the Codes Officer every 3 years before license will be issued at a cost of \$47.00.

It will take approximately 30 days to process the completed application and perform the Codes inspection.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>New Business Approvals:</b>	
Zoning District Classification: _____	Approval Date: _____
Fire Department Approval: _____	Approval Date: _____

<b>Office Use Only:</b>			
Business License (\$75.00)	License # _____	Fee Paid \$ _____	
Cigarette License (\$ 1.00)	License # _____	Fee Paid \$ _____	
Codes Inspection (\$47.00)	Date Completed: _____	Fee Paid \$ _____	
Date Paid: _____	Total Fees Paid \$ _____	Cash _____	Check # _____