



2017 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 & **Business License Fee of \$75.00**
- Copy of "paid" 2016 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: \_\_\_\_\_

**New Business Approvals:**

Zoning District Classification: \_\_\_\_\_ Approval Date: \_\_\_\_\_

Fire Department Approval: \_\_\_\_\_ Approval Date: \_\_\_\_\_

**Office Use Only:**

<b>Business License (\$75.00)</b>	License # _____	Fee Paid \$ _____
<b>Cigarette License (\$ 1.00)</b>	License # _____	Fee Paid \$ _____
<b>Codes Inspection (\$47.00)</b>	Date Completed: _____	Fee Paid \$ _____

Date Paid: \_\_\_\_\_ Total Fees Paid \$ \_\_\_\_\_ Cash \_\_\_\_\_ Check # \_\_\_\_\_