CITY OF EXCELSIOR SPRINGS, MO APPLICATION FOR OCCUPATIONAL LICENSE

Date of Application	IS
Please complete front & back of this form:	New: Renewal:
Business Name:	y units @ this address:
Federal ID Number:	Date started in business:
Check One: Corporation Sole Proprietor	Partnership Not-For-Profit LLC
Are you a Contractor? Yes No	Business Phone:
Emergency Phone:	Email:
Briefly Describe Nature/Purpose of Business:	
	ter serve you, we are asking for you to list up to three mation will be used in the event there is an emergency you be notified. Please include each person's
Contact Name:	Title: Owner/President
Home Address: E	Email:
Contact Name:	Title: Email:

Statement of Sales & Income Tax Company Missouri 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 Statement) _____ 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.

Statement of Workmen's Compensation (Please attach copy of policy)

	I the undersigned, declare that my business is exempt from compliance with the Missouri
Workmen's	s Compensation Law.

I the undersigned, declare that my business is delinquent in at least one of the

following: Sales Tax &/or Income Tax. (License will not be issued if taxes are delinquent.)

____ I the undersigned, declare that my business has complied with the requirements of Missouri Workmen's Compensation Law as stated in RSMo 287.

Note to rental residential property owners:

Per City Code Sec. 510.30 #3 Occupation licenses will not be approved until such time as tenant list are provided to the city & inspections are completed or continuous occupancy certifications are received. In addition to those provisions set forth in Subsection (C), the city shall have available all remedies to redress any violation of this section, including those Power of Council as set forth in Section 77.100, RSMo.

Property Address/Unit # Tenant Name Date Occupied or HUD Inspected

Property Address/Unit #	<u>Tenant Name</u>	<u>Date Occupied or HUD Inspected</u>

(If more space is needed attach additional sheet)

Under penalties of perjury, I declare the above is correct to the best of my knowledge.

Signed by:		
Title:	Date:	_

Please refer to page 3 to calculate the proper fee.

CITY OF EXCELSIOR SPRINGS, MO OCCUPATIONAL LICENSE FEE STRUCTURE

Fee Structure

- 1) Use the annual gross receipts of your business for the preceding calendar year. These receipts should be the same figures as shown by books and records on federal & state tax returns. This category applies to all business unless specified elsewhere. Place an (x) in the appropriate line.
- 2) **Electricians, Plumbers & Mechanical** Contractors <u>must pay</u> the additional license fee below in addition to 'Gross Receipts.'

Annual Gross Receipts	License Fe	e
\$ 0 to \$ 100,000	\$ 50	
100,001 to 1,000,000	100	
1,000,001 to 5,000,000		
5,000,001 to AND OVER	300	
Additional License Fees:		
Applies to Electricians , Plumbers & Mechanical Licenses		
New License	75	
Renewal License	50	
Joint Plumbers & Mechnical License		
New License	125	
Renewal License	75	
Miscellaneous Categories:		
Insurance/ Real Estate Brokers & Agents	100	
Banks or Savings Institutions	300	
Nursing Homes & Convalescent Facilities		
Trash Haulers (per truck fee)	35	
Inspection Fees:		
Rental Inspections: 1-9 units in the same building	30	_ per unit
Rental Inspections: 10 or more units at the same		
address, on the same day	25	_ ·
Re-inspections	15	_ per re-inspection

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

CITY OF EXCELSIOR SPRINGS, MO **MUST HAVE** FOR OCCUPATIONAL LICENSE

Please **attach** copies of the following information to your license:

All: Certificate of Insurance with General Liability, Workmen's Comp or Work Comp Exemption

o Missouri No Tax Due Statement if applicable:

Retail and/or wholesale business must contact the Missouri Department of Revenue (573-751-5860) or visit https://mytax.mo.gov to obtain a Missouri Retail Sales tax License and a No Tax Due Statement

Electricians, Plumbers and Mechanical licenses:

Copy of Block test results or other acceptable license Evidence of liability and workmen's compensation insurance (Minimum of \$100,000)

Daycares, Barber/ Beauty Shops & Veterinarians:

Copy of current state licenses

Daycares, Gas Stations (w/ Kitchens), Grocery Stores, Hotels, Restaurants,
 Schools, Taverns & Wine Tasting Rooms:

Copy of County Health Certificate Liquor License if applicable

Landlord:

Tenant List
Original Occupancy Date of current Tenant
Proof of HUD Inspection if applicable

Landlord Reminder:

Residential Occupancy Inspections will be conducted upon change of ownership, tenant change or every two (2) years as provided in Section 510.030.B of the Municipal Code, at the responsibility of the property owner to schedule inspections, unless exempt, as provided in Subsection B.2 of Section 510.030.B, **due to continuous occupancy**. Certification of continuous occupancy by the same tenant shall be provided annually.