

## Business License Application

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Business phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alarm: Yes No

Type of business: \_\_\_\_\_

Business owner name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Corporate / parent company: \_\_\_\_\_

Corporate address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Corp. Phone #: \_\_\_\_\_

Local Contact name: \_\_\_\_\_

Contact E-mail: \_\_\_\_\_

Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_

Missouri Tax Number: \_\_\_\_\_ Federal employee ID #: \_\_\_\_\_

Certificate of Workman's Compensation Insurance for Contractors: \_\_\_\_\_

(Only if one or more employees)

I hereby agree that all renewal applications made hereafter and payable on or before June 30th of the license year. Any payments made after that period shall be assessed a 10% penalty the first month and an additional 1% interest for each 30 day period thereafter. All Delinquent amounts due the City of St. Joseph including penalty and interest shall be paid in full prior to renewal of license. I certify this information to be true per sections #8-62 and 8-63 of the City code of ordinances.

**NOTE FOR A LICENSE TO BE ISSUED, ALL INFORMATION MUST BE PROPERLY FILLED OUT AND SUBMITTED TO THE CUSTOMER ASSISTANCE DEPARTMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_ Copy of State: Id: YES NO

Category: \_\_\_\_\_ Fee: \_\_\_\_\_ Payment type: Cash Check Credit Card

**Zoning staff Only (per Zoning Ordinance Chapter 31)**

**Zoning District:** \_\_\_\_\_

**Approval date:** \_\_\_\_\_

**Zoning Certificate Approval:** \_\_\_\_\_

Proposed use of building: \_\_\_\_\_

Walk-Through #: \_\_\_\_\_