



CITY OF KEARNEY
 100 E. Washington P.O. Box 797
 Kearney, MO 64060
 816-628-4142 (Fax) 816-628-4543

Application No. _____

APPLICATION FOR OCCUPATIONAL LICENSE

Please submit a completed application and \$50.00 check payable to "City of Kearney". Please print legibly. Note, this is an application form only. An occupation license will be mailed upon approval.

BUSINESS NAME: _____

BUSINESS MAILING ADDRESS: _____
 (Street) (City) (State) (Zip Code)

PHONE: _____ CELL: _____ EMAIL: _____

NATURE OF BUSINESS: _____ TYPE OF BUSINESS: _____
 (Wholesale, retail or service) (Specify kind of business, i.e.: drugstore, hardware store, bank, etc.)

KEARNEY STOREFRONT ADDRESS (if in City limits): _____
 (Address)

MO SALES TAX ID#: _____ ZONING: _____ FTE (Equivalent Full Time Employees): _____
 (If applicable) (If in City limits) (If in City limits)

BUSINESS PERSONAL PROPERTY TAX AND REAL ESTATE TAXES

Per City Ordinances all applicants for a City license shall be in good standing with the City and County on all taxes and fees.

RETAIL SELLERS MUST SUBMIT A NO SALES TAX DUE STATEMENT

Beginning Jan. 1, 2009, the possession of a statement from the Dept. of Revenue stating no sales tax due is a prerequisite to the issuance or renewal of any City occupation license required for conducting any business where goods are sold at retail. The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the City license. Business owners may access the on-line system at <http://dor.mo.gov/tax/business/sales/notaxdue> to acquire a statement of no tax due by entering their Missouri tax identification number and pin number located on their sales tax return or voucher.

NOTICE TO CONSTRUCTION CONTRACTORS

State law requires contractors provide a Certificate of Insurance for Worker's Compensation as part of the application submittal. A copy must also be emailed to bcollison@kearneymo.us. If the Company is exempt sign box below.

WORKER'S COMPENSATION EXEMPTION STATEMENT

I hereby certify that the business described in this application is exempt from the requirements of the Missouri Worker's Compensation Law and, per Section 287.061 RSMo, is not required to provide the City with a Certificate of Insurance and is signing this statement of exemption.

Signature of Contractor or Authorized Agent _____

NOTICE TO ELECTRICIANS/PLUMBERS

City Ordinances require proof of Master Plumbing or Electrical License, or MO statewide Electrical Contractor License to work in the City. **We must have a copy of the license** and name of master electrician/plumber. If you have questions, you may contact Colton Michael at 816-903-4736.

NOTICE TO NEW OR RE-LOCATING KEARNEY STOREFRONT BUSINESSES

Any new business or business re-locating within the City must contact the Building Official: _____
 Fire Marshal, 816-628-4122, for a life safety inspection prior to occupancy. Fire Marshal: _____

APPLICANT'S SIGNATURE: _____ TITLE: _____

OWNER NAME: _____

OWNER MAILING ADDRESS: _____
 (Street) (City) (State) (Zip Code)

PHONE: _____ EMAIL: _____

EMERGENCY CONTACTS:

1. _____ PHONE: _____
 (Name)

2. _____ PHONE: _____
 (Name)