

**CITY OF EXCELSIOR SPRINGS, MO
APPLICATION FOR OCCUPATIONAL LICENSE**

Date of Application is _____

Please complete this entire form: New: _____ Renewal: _____
Business Name: _____
Business/Rental Location: _____
If Residential Rental - How many units @ this address: _____
Business mailing address: _____

Federal ID Number: _____ Date started in business: _____
Check One:
Corporation _____ Sole Proprietor _____ Partnership _____ Not-For-Profit _____
Are you a Contractor? Yes _____ No _____
Business Phone: () _____ - _____
Emergency Phone: () _____ - _____
Briefly Describe Nature/Purpose of Business: _____

Contact Information (Do not list references)

In order for the police and fire departments to better serve you, we are asking you to list up to three persons in order of contact preference. This information will be used in the event there is an emergency at your place of business and it's imperative that you be notified. Please include each person's relationship to the business.

Owner/President: _____
Home Address: _____

Social Security #: _____ Date of Birth: _____
Home Phone: () _____ - _____

Contact Name: _____
Title: _____
Home Address: _____

Social Security #: _____ Date of Birth: _____
Home Phone: () _____ - _____

Contact Name: _____
Title: _____
Home Address: _____

Social Security #: _____ Date of Birth: _____
Home Phone: () _____ - _____

Statement of Sales & Income Tax

Company 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.

_____ 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.

_____ 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.)

Statement of Workmen's Compensation

Please check one of the following:

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

_____ I the undersigned, declare that my business has complied with the requirements of Missouri Workmen's Compensation Law as stated in RSMo 287. **(Attach Copy of Insurance)**

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

Signed by: _____
Title: _____ Date: _____

Please refer to the attached sheet to calculate the proper fee.

Note to residential property owners:

Residential rental inspections will be conducted every 2 years instead of each time a tenant moves in. Inspections may also be scheduled if dangerous conditions appear to be present or if complaints are received. See next page for rental inspection fees.

**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 businesses **including rental properties** unless specified elsewhere. Place an (x) in the appropriate box.
- 2) **Electricians, Plumbers & Mechanical** Contractors must pay the additional fee below in addition to 'Gross Receipts.'

<u>Annual Gross Receipts</u>	<u>License Fee</u>
\$ 0 to \$ 100,000	\$ 50 _____
100,001 to 1,000,000	100 _____
1,000,001 to 5,000,000	200 _____
5,000,001 and OVER	300 _____

Miscellaneous Categories

Insurance/ Real Estate Brokers & Agents	100 _____
Banks or Savings Institutions	300 _____
Nursing Homes & Convalescent Facilities	50 _____

Additional License Fees

Applies to **Electricians, Plumbers and Mechanical** licenses

New License	75 _____
Renewal License	50 _____

Joint Plumbers and Mechanical licenses

New License	125 _____
Renewal License	75 _____

Trash Haulers (per truck fee)	35 _____
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In addition to the amounts specified above, rental properties are subject to biennial inspection fees based upon the number of rental units. Those fees are \$28 per unit inspected; however, if ten or more units are inspected at the same time the inspection fee decreases to \$20 per unit. This fee includes the original inspection and one reinspection. Reinspections beyond the first incur an additional \$28 fee. Rental inspection fees must be paid prior to the performance of the inspection and all units must have been inspected less than two years prior to the license date (one year for HUD and section 8 properties).

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

All:

- Copy of current state licenses, if applicable
- Proof of general liability and workmen's compensation insurance

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)

Restaurants

- Copy of County Health Certificate

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

OCCUPATION LICENSE APPLICATION

(For Office Use Only)

	Date	Signature
1) Additional Licenses Required: <ul style="list-style-type: none">• State License (Daycare & Beauty Salons)• Block Tests (Plumber, Electrician, HVAC)• Health Certificates (Restaurants) (Finance)		
2) Taxes Are Not Delinquent (Finance)		
3) Utility Bills Paid Current (Finance)		
4) Zoning Requirements Met (Planning & Zoning)		
5) Building Inspection Passed (Inspections)		
6) Fire Inspection Passed (Fire Inspector)		

Comments on renewal: