CITY OF GRANDVIEW MISSOURI

Occupational/Craftsman License Application

License for period
July 1st through June 30th

☐ **New**
☐ **Renewal**

License Year /

☐ **Check if this is a Home Occupation**

1. State Sales Tax No. (call (573) 751-9268 for info)	2. Business Phone / 3. Date Business started in Grandview
4. Physical Location of Business (NO PO BOXES PLEASE)	5. Name & Phone number of primary emergency contact.
	5a. Name & Phone number of secondary emergency contact
6. Corporation/Business Name & DBA	5b. Name & Phone number of local bus rep (within 45 mile radius of Grandview)
6a. Business Mailing Address	5c. Issuing State and number of the driver's license of the above business rep
6b. Email	
6c. City, State, Zip	7. Description of business. List or describe services to be rendered, or merchandise, materials or commodities to be sold. Be specific.
6d. Website	
8. Number of Employees / 9. Any hazardous materials stored on site? ☐ Yes ☐ No	
10. Number of Cigarette Vending Machines (List each machine's owners name & address on separate sheet)	**11. FEE CALCULATION** / * Gross receipts are subject to annual audit by City.
12. Business Ownership ☐ Individual ☐ Partnership ☐ Corporation	Annual Gross receipts as reported on Federal tax returns for previous calendar year.*
Individual Owner, Partners, or Corporate Officers Name Title	Base fee (gross Receipts rounded to nearest $1000 divided by $1000 times 0.40)
Name Title	Add Penalty (if due)
Name Title	TOTAL FEE DUE (Minimum $25 except contractors - $50 minimum, maximum $4000)

13. Check the appropriate box(es) Electrical ☐ Mechanical ☐ Plumbing ☐ **Fee = $** _____

Master Craftsman's Name _____

State law requires construction industry employers with one or more employees to show proof of Worker's Compensation Insurance. In addition, the City may also require proof of General Liability Insurance.

I, the undersigned, do hereby declare the following: that to the best of my knowledge (1) the above information, submitted to the Grandview Finance Department for the purpose of obtaining an occupational license for the above-described business, is true and correct; and (2) the above-described business complies with all applicable city, state, and federal laws, regulations, and administrative rules. If this application is also for a Home Occupation Permit, I further stipulate that I have read and understand the zoning ordinance performance standards regarding home occupations in the City of Grandview, Missouri, and agree to comply with them. I understand the occupational license issued by the city to run this home occupation is issued to me at the above address and is not transferable. Any change of location of the home occupation shall be approved in advance by the Department of Community Development.

Owner/Officer's Signature _____ Title _____

Print Owner/Officer's Name _____

A copy of Chapter 13 of the Code of Laws (Licenses) may be obtained at the Municipal Services Building at no charge upon request made to the Finance Department, during normal business hours.