

New ☐ Renewal ☐

FOR CITY USE ONLY	
APPLICATION FEE RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE RECEIVED: _____
LICENSE FEE RECEIVED? <input type="checkbox"/> Yes <input type="checkbox"/> No	DATE RECEIVED: _____
ISSUED LICENSE NUMBER: _____	
VALID UNTIL: _____	

The business to be operated will be operated in a fair, responsible and reasonable manner without misrepresentation, fraud, willful misconduct, or false statements. If there are changes or transfers of ownership, changes to address or changes in type of business conducted, I will promptly notify the City Clerk.

Legal Name of Business

Business Street Address	City	State & Zip
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Phone	Email Address
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Type and/or Nature of Business (Please provide detailed description)

Please describe any change and/or addition to business activities since last application

Name and phone number of Emergency Contact for business: _____

Number of Employees _____
Working in Flint Hill _____

Business Organization:
☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC

Name and addresses of Owner(s) of Business (partners, shareholders, members) (attach a separate list, if necessary)

Applicant Title: ☐ Owner ☐ Manager ☐ Agent

Name of Applicant _____ United States Citizen? ☐ Yes ☐ No

Date of Birth

Driver's License Number & State

Phone Number

Street Address

City

State & Zip

Has Applicant or Owner(s) ever been convicted of any violation of laws or ordinances of this or any other State or Municipality?
☐ Yes ☐ No

If yes, please describe. _____

Will the business discharge any wastewater into the City wastewater system, other than from restrooms? ☐ Yes ☐ No

Is the business a contractor in the construction industry? ☐ Yes ☐ No (if Yes, please include a current certificate of insurance for workers compensation coverage)

The business is current in the payment of all City taxes, fees and sanitary sewer charges: ☐ Yes ☐ No

Missouri Retail Sales Tax Number _____
(Tax number must be provided if your business has any retail sales)

State law, Section 144.083, RSMo, requires businesses to demonstrate they are compliant with state sales and withholding tax laws before they can receive or obtain certain licenses that are required to conduct business in the State of Missouri. PLEASE PROVIDE "NO TAX DUE" FROM THE MISSOURI DEPARTMENT OF REVENUE.

No-Impact Home-Based Business (complete only if seeking exemption from licensure as a no-impact home-based business):

- ☐ Yes ☐ No The proposed home-based business will only operate at the residence of the Applicant.
- ☐ Yes ☐ No The total number of employees and clients/customers on site at any one time does not exceed the occupancy limit for the residential dwelling.
- ☐ Yes ☐ No The business is limited to the lawful sale of goods and services.
- ☐ Yes ☐ No Operation of the business shall not cause a substantial increase in traffic through the residential area.
- ☐ Yes ☐ No Operation of the business shall not result in violation of parking regulations of the City.
- ☐ Yes ☐ No Business operations shall be confined to the interior of the residence or in the yard.
- ☐ Yes ☐ No Business operations shall not be visible from the street.

The undersigned, Applicant, states, subject to penalties for perjury, that he/she is authorized to make this Application on behalf of the above-named business and that the statements and responses given are true and correct, complete, and accurate.

SIGNATURE OF APPLICANT

TITLE OF APPLICANT:

DATE SIGNED: _____