

**CITY OF FLINT HILL, MISSOURI**  
**APPLICATION FOR BUSINESS LICENSE**  
**AND NO-IMPACT HOME-BASED BUSINESS**

New  Renewal

Application fee of \$25.00 is due with Application. For Business Licenses, a license fee of \$10.00 is due prior to issuance of the License.

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 undersigned Applicant, the duly authorized agent for the business identified below, requests a business license or seeks approval as a no-impact home-based business for the current license period being July 1 of the current year through June 30 of next year.

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.

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**Legal Name of Business**

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Phone \_\_\_\_\_ Email Address \_\_\_\_\_

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: \_\_\_\_\_