

**CITY OF GRAIN VALLEY, MISSOURI**  
**2016-2017 OCCUPATIONAL LICENSE APPLICATION**

Payment Type

[ ] Cash [ ] Money Order [ ] Check # \_\_\_\_\_ [ ] Credit Card-**Please call for payment at:** \_\_\_\_\_

*Instructions: Applicant must fill out all relevant sections of this form. Please read all conditions before signing and dating.*

**TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK**

*Application Due July 1<sup>st</sup>*

*Issued License Expires June 30<sup>th</sup>*

**Application Fee is \$25.00**

**FEE IS NOT PRORATED & IS DUE UPON SUBMISSION OF APPLICATION**

*(5% late fee applied July 16<sup>th</sup> & each month after up to 25% of application fee)*

**SECTION ONE: General Information**

Date: \_\_\_\_\_ Renewal: [ ] Yes [ ] No Transfer or Extension: [ ] Yes [ ] No

NAICS Code: \_\_\_\_\_

MO Sales Tax ID Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_  
(Required if your business includes Retail Sales)

**SECTION TWO: Business Information**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Business Location Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Nature/Type of Business: \_\_\_\_\_

Total # of Employees: \_\_\_\_\_ # of Local Employees: \_\_\_\_\_ Business Location Size (Sq. Ft.): \_\_\_\_\_

**SECTION THREE: Owner/Operator Information**

Owner/Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Owner/Operator Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)

Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

**SECTION FOUR: Insurance Information**

Proof of General Liability Insurance Attached: [ ] Yes No [ ] Explain: \_\_\_\_\_

*\*Only applies to businesses required to have valid Master Trade Certified Contractors per City Code 500.075*

Proof of Worker's Compensation Insurance Attached: [ ] Yes No [ ] Explain: \_\_\_\_\_

*\*Only applies to businesses with five (5) or more employees & businesses required to have valid Master Trade Certified contractors per RSMo §287.030(3) & City Code 500.075*

**SECTION FIVE: Contractor Information**

*\*Only applies to businesses required to have valid Master Trade Certified Contractors per City Code 500*

MASTER TRADE CERTIFIED: ELECTRICAL

Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Certification Attached: [ ] Yes No [ ] Explain: \_\_\_\_\_

MASTER TRADE CERTIFIED: MECHANICAL

Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Certification Attached: [ ] Yes No [ ] Explain: \_\_\_\_\_

MASTER TRADE CERTIFIED: PLUMBER

Certification #: \_\_\_\_\_ Certification Expiration Date: \_\_\_\_\_

Certification Attached: [ ] Yes No [ ] Explain: \_\_\_\_\_

**SECTION SIX: Verification**

*The undersigned understands & agrees that occupational license must be renewed by July 1<sup>st</sup> of each year. The undersigned agrees to make all corrections required by the City prior to opening for business each year. Undersigned also agrees to maintain the property in accordance with all applicable laws & ordinances of the City, County & State. If a Master Certified Trade Contractor, the undersigned agrees to maintain certification in accordance with all applicable laws & ordinances of the City, County & State. Per Section 605.180 of the Grain Valley Municipal Code, false statements on this application will result in a fine and revocation of said license by the Board of Aldermen of the City of Grain Valley.*

\_\_\_\_\_  
Signature of Business Owner/Operator

\_\_\_\_\_  
Printed Name of Business Owner/Operator

\_\_\_\_\_  
Date

FOR CITY USE ONLY

[ ] APPROVED [ ] DENIED [ ] NOT APPLICABLE

\_\_\_\_\_  
Planning Official

\_\_\_\_\_  
Date

[ ] APPROVED [ ] DENIED [ ] NOT APPLICABLE

\_\_\_\_\_  
Building Official

\_\_\_\_\_  
Date

Application Fee: [ ] Yes [ ] No

Late Fee: [ ] Yes: [ ] No Amount: \_\_\_\_\_

License # \_\_\_\_\_

VERIFIED

\_\_\_\_\_  
City Clerk or Designee

\_\_\_\_\_  
Date

Office of the City Clerk  
711 Main Street  
Grain Valley, MO 64029  
Phone: 816.847.6210  
Fax: 816.847.6202  
www.cityofgrainvalley.org

