

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

Payment Type
[] Cash [] Money Order [] Check # _____ [] Debit Card [] MasterCard [] Visa [] Discover
Card # _____
Expiration Date: _____
Signature: _____

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 1st

Issued License Expires June 30th

Application Fee is \$25.00

FEE IS NOT PRORATED & IS DUE UPON SUBMISSION OF APPLICATION

(5% late fee applied July 16th & 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 1st 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

<u>FOR CITY USE ONLY</u>	
<p>[] APPROVED [] DENIED [] NOT PPPLICABLE</p> <p>_____ Planning Official</p> <p>_____ Date</p>	<p>[] APPROVED [] DENIED [] NOT APPLICABLE</p> <p>_____ Building Official</p> <p>_____ Date</p>
<p>Application Fee: [] Yes [] No</p> <p>Late Fee: [] Yes: Amount: _____</p> <p>License # _____</p>	<p>VERIFIED</p> <p>_____ City Clerk or Designee</p> <p>_____ Date</p>

Office of the City Clerk
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www.cityofgrainvalley.org

