

CITY OF GRAIN VALLEY, MISSOURI
2017-2018 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 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*
