

License #:

CITY OF GRAIN VALLEY, MISSOURI
2020-2021 OCCUPATIONAL LICENSE APPLICATION

Payment Type

Cash Money Order Check* # _____ Credit Card-Please call for payment at: _____
*Make Checks Payable to "City of Grain Valley" Once the application is approved, the City of Grain Valley will call to take your payment by phone

Please complete all applicable fields, read all conditions, sign and date, then return to:

The City of Grain Valley | 711 Main Street, Grain Valley, MO 64029
816-847-6211 | cityclerk@cityofgrainvalley.org

Application Fee is \$35.00

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

Applications are due by July 1st of each year and the issued license expires on June 30th of the following year.

Late Renewals are subject to penalties per Section 605.090 of the Grain Valley Municipal Code

If renewing after July 16th of each year, late fees in the amount of 10% for the first month and 5% additional thereafter up to 30%:
After July 15 \$38.50 | After August 15 \$40.25 | After September 15 \$42.00 | After October 15 \$43.75 | After November 15 \$45.50

SECTION ONE: General Information

Date: _____ Renewal: Yes No Transfer or Extension: Yes No

NAICS Code: _____

Does your business charge sales tax: No Yes; Sales Tax Number: _____
(please provide no tax due letter)

Federal Tax ID Number: _____

SECTION TWO: Business Information

Business Name: _____

Doing Business As Name (d/b/a) (if different than company name): _____

Telephone Number: _____

Contact Name: _____ Contact Email: _____

Business Location Address: _____

Business Mailing Address (if different): _____

Location of Business: Home-Based Commercial Property Other: _____

Nature/Type of Business: _____

Total # of Employees*: _____ # of Local Employees: _____ Business Location Size (Sq. Ft.): _____

*If 5 or more Employees OR a business required to have a Master Trade Certification, please include certificate of insurance showing the Workers' Compensation Insurance and listing the City of Grain Valley as a Certificate Holder

SECTION THREE: Owner/Operator Information

Owner/Operator Name: _____

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

Contact Phone Number: _____ Type of Number: Cell Work Home

Email Address: _____

Owner/Operator Name: _____

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

Contact Phone Number: _____ Type of Number: Cell Work Home

Email Address: _____

OCCUPATIONAL LICENSE APPLICATION

SECTION FOUR: Contractors and Sub-Contractors per City Code Section 500

- **ALL CONTRACTORS AND SUB-CONTRACTORS:** Certificate of Insurance showing *General Liability* in an amount of no less than five hundred thousand dollars (\$500,000) per occurrence for personal injuries and personal property damage as well as *Workers' Compensation* Insurance with the City of Grain Valley listed as a certificate holder
- If a Master Trade & no Workers' Compensation Policy, an **Affidavit of Exemption** for Workers' Compensation Insurance is required pursuant to §287.061, RSMo
- **ELECTRICIANS, PLUMBERS AND HVAC/MECHANICAL CONTRACTORS:** please provide proof of certification
- **MASTER TRADE CERTIFIED FIELD:** ELECTRICAL MECHANICAL PLUMBING
 Certification #: _____ Certification Expiration Date: _____

SECTION FIVE: Solid Waste Collection/Disposal per City Code Section 235

Nature of Waste Business (*check all that apply*): Collection Transporting Processing/Disposing
 Classification of Waste(s) Collected (*Rubbish, Hazardous, Pathological Waste, etc.*): _____
 Number of Vehicles Operated: _____
 Location of Processing/Disposal Facility Utilized: _____
 Days of Collection in the City Limits: _____

SECTION SIX: Certification Statement

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: _____

FOR CITY USE ONLY			
<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> NOT APPLICABLE	<input type="checkbox"/> APPROVED <input type="checkbox"/> DENIED <input type="checkbox"/> NOT APPLICABLE		
_____ Community Development Director	_____ Building Official	_____ Date	_____ Date
Application Fee: <input type="checkbox"/> Yes <input type="checkbox"/> No Late Fee: <input type="checkbox"/> Yes: <input type="checkbox"/> No Amount: _____ License # _____	VERIFIED _____ City Clerk or Designee		
		_____ Date	_____ Date

