Print Form

The City of Blue Springs Missouri

Business License Application

☐ New ☐ Renewal

OFFICE USE ONLY

LICENSE # _____

Name of Business

Doing Business As Name (d/b/a) (If different than company name)

Business Street Address | City | State | ZIP

Business Mailing Address | City | State | ZIP

Contact Name | Contact Title

Contact Phone Number | Contact Email Address

Type of Business | Date Opened

This business is: ☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation

Does your business charge sales tax: ☐ No ☐ Yes; Sales Tax Number: _____

BUSINESS LICENSE FEE STRUCTURE

Item	*Fee*
License Fee (See Pro-Ration below) Mar. 1 – May 31 $35.00 June 1 – Aug 31 $26.25 Sept 1 – Nov 30 $17.50 Dec 1 – Feb 28 $8.75	
Number of Employees _____ X $2.00 (Minimum of one is required)	
Late Penalty (10% first month then 5% each month not to exceed 30%)	
TOTAL DUE	

-over-

Business License Application

OWNERSHIP: List below the required information of each Owner, Partner, President, Vice President, Secretary and Treasurer for business or corporation.

Name and Title

Home Address | City | State | ZIP

Phone Number | Drivers License Number

Name and Title

Home Address | City | State | ZIP

Phone Number | Drivers License Number

LIST ALL ADDITIONAL PERSONS ON SEPARATE SHEET.

Return all Information and Check to:

City of Blue Springs
Revenue Collections Division
903 W Main Street
Blue Springs, MO 64015

By signing below, you certify that the information given in this application is true to the best of your knowledge and belief and that the license is non transferable.

Signature of Applicant | Printed Name

Title | Date

OFFICE USE ONLY

Property Zoning _____

Entered By _____ Date _____

Approved By _____ Date _____

Comments _____