

OFFICE USE ONLY

LICENSE # _____

Business License Application

New
 Renewal
 Change of Ownership

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 _____

Business Phone Number _____ Business Email Address _____

Type of Business _____ Square Footage _____ Date Opened OR Proposed to Open _____

If Applicable, Child Care State License Number _____ Total Number of Children in Child Care Facility _____ Number of Unrelated Children in Child Care Facility _____

This business is:
 Sole Proprietor
 Partnership
 Corporation
 Limited Liability Corporation

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

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 \$50.00 Sept. 1 – Nov. 30 \$25.00 | |
| June 1 – Aug. 31 \$37.50 Dec. 1 – Feb. 28 \$12.50 | |
| Number of Employees _____ X \$2.00 (Minimum of one is required) | |
| Contractor's Fee - \$25 Required for plumbing and electrical contractors, mechanical heating, ventilation and air conditioning (HVAC) contractors. Additional documents required. | |
| Late Penalty (10% first month then 5% each month not to exceed 30%) | |
| TOTAL DUE | |

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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
Business Services Division, 816-228-0131
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

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Property Zoning _____
Zoning Approved By _____ Date _____
Zoning Conditions of Approval _____

Approved By _____ Date _____
Codes Administrator
Comments _____