



**OFFICE USE ONLY**

LICENSE # \_\_\_\_\_

# Business License Application

New     Renewal     Change of Ownership

\_\_\_\_\_  
 Name of Business Business Phone Number

\_\_\_\_\_  
 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

Location of business:     Home-Based     Commercial Property     Other: \_\_\_\_\_

Does your business charge sales tax:     No     Yes; Sales Tax Number: \_\_\_\_\_

## BUSINESS LICENSE FEE STRUCTURE

<i>Item</i>	<i>Fee</i>
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%)	
<b>TOTAL DUE</b>	

**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

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Property Zoning \_\_\_\_\_

Entered By \_\_\_\_\_ Date \_\_\_\_\_

Approved By \_\_\_\_\_ Date \_\_\_\_\_

Comments \_\_\_\_\_