



**CITY OF NORTHOOR, MISSOURI**  
**Business/Communication License Application/Renewal**  
**4907 NW Waukomis Drive, Northmoor, MO 64151**

**ALL BUSINESS LICENSES ARE GENERATED ON A YEARLY BASIS AND ARE DUE DECEMBER 31ST.  
LICENSE RENEWALS WILL BE DENIED FOR REMAINDER OF THE YEAR AFTER MARCH 31ST  
IF REQUIRED DOCUMENTS AND PAYMENT ARE NOT RECEIVED,**

Business Start Date \_\_\_\_/\_\_\_\_/\_\_\_\_ or Renewal \_\_\_\_\_ Legal Name of Business: \_\_\_\_\_

Common Name of Business or DBA: \_\_\_\_\_ Owner's Name: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Type of Business: Please check one      Corporation (  )      Partnership (  )      Sole Proprietorship (  )

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Local Phone (  ) \_\_\_\_\_ Corp. Phone (  ) \_\_\_\_\_ Cell Phone (  ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Primary Contact Full Name (Owner/Corp. Agent): \_\_\_\_\_ Phone (  ) \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Secondary Business Contact Name: \_\_\_\_\_ Phone (  ) \_\_\_\_\_

Total number of persons employed at this location: \_\_\_\_\_

Missouri State Sales Tax Number: \_\_\_\_\_ [ and/or ] Federal Identification Number: \_\_\_\_\_

Is Business located in a Northmoor residence? Yes (  ) No (  ) Business previously located at this address: \_\_\_\_\_

**ALL LICENSE APPLICATIONS / RENEWALS MUST INCLUDE:**

- 1) STATEMENT OF NO TAX DUE (*Retail only*) or PAID PROPERTY TAX RECEIPT (*Non-Retail*)
- 2) PROOF OF LIABILITY INSURANCE NAMING THE CITY OF NORTHOOR AS ADDITIONAL INSURED
- 3) EMERGENCY CONTACT INFORMATION FORM AND RENEWAL APPLICATION

***Construction contractors must submit a current Workers' Compensation Certificate pursuant to RSMo Chapter 287***

I declare under penalty of perjury that to the best of my knowledge and belief the statements made herein are true and correct.

\_\_\_\_\_  
Signature of Owner(s) or Corporation Agent/Owner

\_\_\_\_\_  
Date

***Notification is kindly requested if you discontinue business.***

Title: Owner, Partner Manager or Corporate Officer

***The applicant warrants the truthfulness of the information in this application. If incorrect information is provided, this license may be revoked. If license is issued wrongfully, whether based on misinformation or an improper application of the code, this license may be revoked. The applicant agrees to abide by all Northmoor Ordinances and State Laws and regulations.***

**\*Business Licensing Fees: \$100/ year - a \$50.00 late fee will be imposed monthly for 3 months after which the Business License may be denied due to non-payment**

**\*Communication and/or Cell Tower Licensing Fee: \$1,500.00/year - a \$250.00 late fee will be imposed monthly for 3 months after which further action may be taken due to non-payment**

**\*Billboard Licensing Fee: \$1,000.00/year – a \$200.00 late fee will be imposed monthly for 3 months after which further action may be taken due to non-payment**

# BUSINESS EMERGENCY NOTIFICATION FORM

DATE: \_\_\_/\_\_\_/\_\_\_

## Please Print

Business Name: \_\_\_\_\_

Business Phone: \_\_\_/\_\_\_/\_\_\_

Business Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

Owners Home Phone: \_\_\_/\_\_\_/\_\_\_

Owners Cell Phone \_\_\_/\_\_\_/\_\_\_

Alarm Company: \_\_\_\_\_

Emergency Phone: \_\_\_/\_\_\_/\_\_\_

Key or Lock/Knox Box location (in applicable) \_\_\_\_\_

## **EMERGENCY CONTACTS:** (Please list in the order you want them notified)

1. _____	Home Phone: ___/___/___	Cell Phone: ___/___/___ Keys _____
2. . _____	Home Phone: ___/___/___	Cell Phone: ___/___/___ Keys _____
3. . _____	Home Phone: ___/___/___	Cell Phone: ___/___/___ Keys _____
4. . _____	Home Phone: ___/___/___	Cell Phone: ___/___/___ Keys _____

Is there outside storage?

Will there be any employees on the property after hours? Yes \_\_\_\_\_ No \_\_\_\_\_

Will there be any animals on the property after hours? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, how many? \_\_\_\_\_

What type of dogs will be on the property? \_\_\_\_\_

## **HAZARDOUS MATERIALS:** Please list any Hazardous Materials you have on the property. List type,

amount and where they are stored.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## **MISCELLANEOUS INFORMATION:**

You may return the completed form to Northmoor City Hall at the above referenced address and/or fax number or email to [clerk@northmoormo.gov](mailto:clerk@northmoormo.gov)

**PLEASE UPDATE THIS FORM AS YOUR INFORMATION OR CONTACTS CHANGE.**

# **New Business License Requirements Checklist – Retail / Non-Retail**

**BEFORE ANY NEW BUSINESS IS APPROVED FOR A CITY OF NORTHMOOR BUSINESS LICENSE THE OWNER OF SAID BUSINESS MUST ATTEND A BOARD OF ALDERMEN MEETING TO AQUIRE APPROVAL OF THEIR APPLICATION. THE MEETINGS ARE HELD ON THE 1<sup>ST</sup> TUESDAY OF EACH MONTH AT 6:30 P.M. AT NORTHMOOR CITY HALL, 4907 NW WAUKOMIS DRIVE, NORTHMOOR, MO 64151. FOR ADDITONAL INFORMATION, PLEASE CONTACT THE CITY CLERK @ 816-741-6071 or [clerk@northmoormo.gov](mailto:clerk@northmoormo.gov)**

**PLEASE NOTE:** All REQUIRED documents must be received by the City Clerk 1 week prior to the Board of Alderman Monthly Meeting to be included on the agenda.

## **CHECKLIST:**

- Business License Application and (Attached)
- Business License Fee: 1 yr. - \$100.00 January 1<sup>st</sup> – December 31<sup>st</sup>. A penalty fee will be added for late renewals during the months of January, February and March. After March, the City is not obligated to issue a Business License, and the Business may be required to close for the remainder of the year.
- Emergency Contact Form (Attached)
- Certificate of Liability Insurance - (COI) naming the City of Northmoor as additional insured. Your insurance carrier will need our address - 4907 NW Waukomis Dr., Northmoor, MO 64151 or the COI can be emailed to [clerk@northmoormo.gov](mailto:clerk@northmoormo.gov)
- IRS Employee Identification Number (EIN).
- State of Missouri – Articles of Incorporation - Number assigned to new business.

## **If Non-Retail**

- Copy of your current year “Paid Personal Property tax receipt” from Platte County or the County in which you reside (If RETAIL or Food Establishment see below)

## **If Retail or Food Establishment**

- No Tax Due Statement – ***For a new retail business, this statement is not due until after the 1<sup>st</sup> quarter of operation.*** Please obtain the most recent NO TAX DUE from the previous owner.
- State of Missouri – Retail Sales License
- Platte County Merchants License

## **If Business is a Food Establishment – please provide the following:**

- Platte County Health Department Certification - Food Establishment Permit (if applicable)

## **Alcohol Sales- If an establishment is approved by the Board to sell alcohol, the city also requires:**

- Missouri division of alcohol & Tobacco Control Permit (State Liquor License)
- Platte County Liquor License
- Northmoor Liquor License (a separate application is required from the City to acquire a Liquor License)

## **If Business is an Auto Establishment with a Paint Booth – please provide the following:**

- Most Recent Annual Missouri State Inspection (Done by a State Fire Inspector) – The state fire inspector will be checking the storage and ventilation for any batteries, any flammable liquids, and any flammable chemicals

# **Business License Renewal Requirements Checklist**

## **Retail / Non-Retail**

### **CHECKLIST:**

- Business License Application (Attached)
- Business License Fee: 1 yr. - \$100.00 January 1<sup>st</sup> – December 31<sup>st</sup>. A penalty fee will be added for late renewals during the months of January, February and March. After March, the City is not obligated to issue a Business License, and the business may be required to close for the remainder of the year.
- Emergency Contact Form (Attached)
- Certificate of Liability Insurance - (COI) naming the City of Northmoor as additional insured. Your insurance carrier will need our address (4907 NW Waukomis Dr., Northmoor, MO 64151 or the COI can be emailed to [clerk@northmoormo.gov](mailto:clerk@northmoormo.gov)).

### **If Non-Retail**

- Copy of your current year “Paid Personal Property tax receipt” from Platte County or the County in which you reside. (If **RETAIL or Food Establishment** see below)

### **If Retail or Food Establishment**

- No Tax Due Statement –This statement can be obtained from the State of Missouri, contact information:  
*Department of Revenue in Jefferson City, MO*  
*Phone: 573-751-9268*  
*Email: [taxclearance@dor.mo.gov](mailto:taxclearance@dor.mo.gov)*
- Platte County Merchants License

### **If Business is a Food Establishment – please provide the following:**

- Platte County Health Department Certification - Food Establishment Permit

### **If Business is an Auto Establishment with a Paint Booth – please provide the following:**

- Most Recent Annual Missouri State Inspection (Done by a State Fire Inspector) – The state fire inspector will be checking the storage and ventilation for any batteries, any flammable liquids, and any flammable chemicals