



# BUSINESS LICENSE APPLICATION

Welcome to Platte City! We are excited that you chose to join our growing community. Platte City provides high quality, cost effective municipal services to those that visit and live within our community.

If applying for a NEW OR A RENEWAL business license please begin licensing process 30 days prior to opening date, review the requirements and process.

## SUBMITAL INFORMATION:

1. Completed application and license fee payment. -- The following information is required as part of the application process.
  - ❖ If you are a food establishment-- A copy of your current Platte County Health Department Permit is required with your application.
  - ❖ If you are a retail sales establishment (this is if you sell any type of product or considered a fitness facility)-- A copy of your State of Missouri Retail Sales License, your State of Missouri Sales Tax Identification Number, and a No Sales Tax Due Letter.
  - ❖ All business are required under Chapter 287 RSMo unless said business is exempt under that same chapter to provide proof of worker's compensation insurance. ALL CONTRACTORS (a contractor is a business or person in the construction industry) is required to show proof of worker's compensation or complete the affidavit on a form developed by the Division of Labor and Industrial Relations for the State of Missouri (this document must be signed in front of a notary)
2. Business License Applications are available at City Hall or in the document center of the City's website: <http://www.plattecity.org/documents.aspx> . If you have questions regarding the business license application of process you may reach the City Clerk's office at (816) 858-3046.

Completed application (and all applicable documentation) and payment may be dropped off or mailed to:  
City of Platte City,  
Attn: City Clerk  
400 Main Street  
Platte City, Missouri 64079



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We also accept submittal of your application (and all documentation) by email ([cityclerk@plattecity.org](mailto:cityclerk@plattecity.org)) or fax (816)858-5402 and subsequent credit or debit card payment by phone (816)858-3046.

A processing fee applies on all credit or debit card payments (at this time the City only accepts VISA or MASTERCARD).

## **BENEFICIAL REFERENCES:**

1. Platte County Missouri Merchant License: By Phone (816)858-3356 (All businesses in Platte County are required to have a Platte County Merchant License)
2. To register your business name contact the Missouri Secretary of State's Office (573)751-4153 or visit their website at: <http://www.sos.mo.gov/forms/corp/corp56.pdf>
3. To apply for a Missouri State Sales Tax number, contact the Missouri Department of Revenue at (573)751-7191 or visit their website at: <http://dors.mo.gov/tax/coreg/index.jsp>
4. Missouri Department of Labor and Industrial Relations 421 East Dunklin, PO Box 59, Jefferson City, MO 65102-0059 (573) 751-3215 or <http://labor.mo.gov/>
5. Platte County Health Department 1201 East Street, Parkville, MO 64152 (816) 587-5998 or <http://www.plattecountyhealthdept.com/>

You may also visit the Platte City web site for additional information related to obtaining a business license for Platte City. [www.plattecity.org](http://www.plattecity.org)



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BUSINESS INFORMATION		
Legal Business Name:		
Doing Business As:		
Physical Address:		
City:	State:	Zip:
Mailing Address (if different from above):		
City:	State:	Zip:
Business Telephone #:	Missouri Sales Tax #:	
Nature of Business (Example: Wholesale, Retail or Service):		
Business Email Address:		
My Business is: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____	<input type="checkbox"/> Business is located inside City Limits. <input type="checkbox"/> Business is located outside City Limits	
My Business is Open on the following days and hours:		
<input type="checkbox"/> Sunday	Open at: _____	Close at: _____
<input type="checkbox"/> Monday	Open at: _____	Close at: _____
<input type="checkbox"/> Tuesday	Open at: _____	Close at: _____
<input type="checkbox"/> Wednesday	Open at: _____	Close at: _____
<input type="checkbox"/> Thursday	Open at: _____	Close at: _____
<input type="checkbox"/> Friday	Open at: _____	Close at: _____
<input type="checkbox"/> Saturday	Open at: _____	Close at: _____



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ALARM COMPANY INFORMATION		
(This information is only required the business is physically located in City Limits)		
Name of Alarm Company:		
Address:		
City:	State:	Zip:
Other Information (include if there is a guard dog on premises, lights that are routinely left on etc.)		
In the event of an alarm call who do you want notified first?		
<input type="checkbox"/> Owner <input type="checkbox"/> Emergency Contact		
OWNERSHIP INFORMATION		
Owner Name:		
Address:		
City:	State:	Zip:
Telephone #:	Alt. Telephone #	
Date of Birth:	Email Address:	
EMERGENCY CONTACT INFORMATION		
Name:	Email Address:	
Address:		
Telephone #:	Alt. Telephone #	



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## INSURANCE REQUIREMENT INFORMATION:

Chapter 287 RSMo mandates that the City of Platte City shall require proof of Worker's Compensation coverage prior to the issuance or renewal of a business or occupational license, unless the business is exempt pursuant to Chapter 287 RSMo.

**CONTRACTORS:** Any proposed licensee who is a contractor in the construction industry shall also be required to provide a certificate of insurance for worker's compensation coverage or an affidavit, the form of which shall be developed by the Division of Labor and Industrial Relations for the State of Missouri, signed by the applicant attesting that the contractor is exempt from such requirement and no business license shall be issued to any contractor applicant failing to provide such certificate of insurance or affidavit

**REFUSE HAULERS:** Section 230.090 of the Platte City code requires that the hauler provide proof of public liability insurance policy covering all operations of such applicant pertaining to such business and all vehicles to be operated in the conduct thereof. The public liability policy shall be in the amount of not less than \$300,000 per claim and \$2,000,000 per occurrence. Copy must be attached (please do not fax or mail)

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I CERTIFY THE INFORMATION IN THIS APPLICATION IS TRUE, CORRECT AND COMPLETE.

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Applicant's Printed Name

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Applicant's Signature

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Date



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LICENSE FEE SCHEDULE	
	BUSINESS- <i>Annual Fee (unless listed different below)</i> <span style="float: right;">\$34.00</span>
	BANKING INSTITUTIONS- <i>Annual Fee</i> <span style="float: right;">\$1,000.00</span>
	TAVERNS- <i>Any Liquor Establishment with bar seating-Annual Fee</i> <span style="float: right;">\$70.00</span>
	HOTELS/MOTELS- <i>Per Room Fee ( This fee is for any room that at any time could be used or reconvertd to sleeping quarters)</i> <span style="float: right;">\$5.00 per room</span>
	REFUSE HAULERS- <i>1 Truck</i> <i>Each Additional Truck _____</i> <i>(# of total Trucks)</i> <span style="float: right;">\$50.00 \$25.00 per Truck</span>
	OUTDOOR ADVERTISING- <i>Billboards</i> <i>Must provide proof annually of previous years gross earnings</i> \$ _____ <i>GROSS EARNINGS</i> <span style="float: right;">2% of Gross Earnings</span>
REQUIRED DOCUMENTATION (MUST PROVIDE COPIES)	
	WORKERS COMPENSATION CERTIFICATE OR AFFIDAVIT
	GENERAL LIABILITY CERTIFICATE
	REAL ESTATE TAX RECEIPT (IF BUSINESS LOCATED INSIDE CITY LIMITS)
	MISSOURI RETAIL SALES LICENSE (ONLY REQUIRED IF RETAIL BUSINESS)
	PLATTE COUNTY HEALTH DEPARTMENT PERMIT (ONLY REQUIRED FOR FOOD HANDELING ESTABLISHMENTS)
	GROSS RECEIPTS PAPERWORK-(ONLY REQUIRED FOR OUTDOOR ADVERTISING)
	MY BUSINESS IS A <b>SERVICE ONLY</b>

**BUSINESS LICENSES ARE ISSUED FROM JANUARY 1 TO DECEMBER 31 OF EACH YEAR.**

PRORATION SCHEDULE	
RANGE	RATE
January thru December	Full Fee
April, May, June	\$25.50
July, August, September	\$17.00
October, November, December	\$8.50

City of Platte City  
400 Main Street  
Platte City, Missouri 64079

(816) 858-3046  
Fax (816) 858-5402  
[www.plattecitey.org](http://www.plattecitey.org)  
CONTINUED ON REVERSE SIDE →