

## Merchant and Business License Application

# CITY OF GERALD



RENEWAL <input type="checkbox"/> YES <input type="checkbox"/> NO	CHECKLIST INCLUDED <input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Application: _____	
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Card # _____	
Total: \$ _____ Business	
( All renewals Due January 1 <sup>st</sup> ) License #: _____	
<b>All Businesses see checklist for fees and other requirements.</b>	

**It is the business owner's responsibility to notify the City Hall immediately if there are any changes to the business entity from the information submitted on this application. Business licenses are paid for the period from January 1<sup>st</sup> through December 31<sup>st</sup>. It is the business owner's responsibility to renew the business license each year by January 31<sup>st</sup>, whether they receive a renewal form or not.**

### GENERAL BUSINESS INFORMATION

Business Name (DBA): _____	
Business Location: <i>(Cannot be P.O. Box)</i>	
Street: _____ City: _____ State: _____ Zip: _____	
Mailing Address:	
Street/PO Box: _____ City: _____ State: _____ Zip: _____	
Business Phone: _____	Email Address: _____
Type of Business: _____	
Description of Business: _____	
Federal Taxpayer ID# _____	Missouri Sales Tax ID# _____
Number of Employees <i>(Only if business is located within Gerald City limits)</i> Full Time _____ Part Time _____	
Type of Business: <i>(Check the one category that best describes the business)</i>	<input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Transportation and Public Utilities <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Accommodations and Foodservices <input type="checkbox"/> Finance/Insurance/Real Estate <input type="checkbox"/> Service <input type="checkbox"/> Arts/Entertainment/Recreation <input type="checkbox"/> Health Care and Social Assistance <input type="checkbox"/> Salon/Barber <input type="checkbox"/> Other: _____

### LEGAL NAME OF OWNER(S)

Owner's Name: _____	Phone Number: _____
Home Address: _____	

### OTHER CONTACT INFORMATION

Business Manager's Name (if different than owner): _____
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### SECURITY SYSTEM

Security System <input type="checkbox"/> Yes <input type="checkbox"/> No	Video Surveillance <input type="checkbox"/> Yes <input type="checkbox"/> No
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Emergency Contact: _____
Phone: _____

### SIGNATURE

APPLICANT agrees to comply with all applicable code and ordinances of the City of Gerald. APPLICANT understands that the issuance of the permit creates no legal liability, expressed or implied, on the City of Gerald. APPLICANT certifies the information submitted is accurate. APPLICANT agrees to allow the Building Inspector and Fire Department Personnel full access for compliance inspection during normal business hours. Full payment of permit fees required prior to application processing or inspection (check payable to "City of Gerald").

Failure to comply with any of the above requirements may result in a civil citation and/or fines.

Signature of Applicant _____	Date _____
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## Merchant and Business License Application Checklist

Anyone doing business in the City of Gerald must have a business license issued by the City of Gerald. This includes:

- All businesses with a City of Gerald address
- All professionals
- Out-of-city businesses such as contractors, sub-contractors, delivery businesses, etc.
- Residents working from their homes

**City Hall will not process or issue any Business Licenses WITHOUT ALL REQUIRED MATERIALS. Payments will not be processed and applications will not be held or accepted WITHOUT ALL REQUIRED MATERIALS AT TIME OF SUBMISSION.** Businesses requiring Health Inspections must provide a copy of you Approval Certificate at time of Application.

Applicant

City Hall

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | License Application - Included                          |
| <input type="checkbox"/> | <input type="checkbox"/> | License Fee (\$25) – Provide a Service and Retail Sales |
| <input type="checkbox"/> | <input type="checkbox"/> | License Fee (\$30) – Contractor                         |

**Also include the following if:**

**RETAIL SALES**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | LETTER OF NO TAX DUE COMPLIANCE (For businesses that report Sales Tax) – You may visit <a href="http://dor.mo.gov">http://dor.mo.gov</a> , call (573) 751-9268, or e-mail <a href="mailto:taxclearance@dor.mo.gov">taxclearance@dor.mo.gov</a> for information<br><i>RSMo. 144.083 requires businesses that is has" no tax due".</i> |
|--------------------------|--------------------------|--|

**SALON, BARBER, INSURANCE**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | LETTER OF NO TAX DUE COMPLIANCE (For businesses that report Sales Tax) – You may visit <a href="http://dor.mo.gov">http://dor.mo.gov</a> , call (573) 751-9268, or e-mail <a href="mailto:taxclearance@dor.mo.gov">taxclearance@dor.mo.gov</a> for information<br><i>RSMo. 144.083 requires businesses that is has" no tax due".</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | State Issued License<br><i>Anyone that leases or rents a state/space inside a salon is also required to obtain a shop license</i>  |

**CONTRACTORS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | General Liability Insurance                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of current Worker’s Compensation coverage (if applicable) |
| <input type="checkbox"/> | <input type="checkbox"/> | Indemnity Bond (if working within public right of way)          |

**GERALD HOME BUSINESS**

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Home Occupation License Application                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Planning and Zoning Commission Approval certification |

**TEMPORARY CONCESSION STRUCTURE (EX. FOOD TRUCK)**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Board of Alderman consent (if on public property)  |
| <input type="checkbox"/> | <input type="checkbox"/> | LETTER OF NO TAX DUE COMPLIANCE (For businesses that report Sales Tax) – You may visit <a href="http://dor.mo.gov">http://dor.mo.gov</a> , call (573) 751-9268, or e-mail <a href="mailto:taxclearance@dor.mo.gov">taxclearance@dor.mo.gov</a> for information<br><i>RSMo. 144.083 requires businesses that is has" no tax due".</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | General Liability  |
| <input type="checkbox"/> | <input type="checkbox"/> | Proof of current Worker’s Compensation coverage (if applicable)  |
| <input type="checkbox"/> | <input type="checkbox"/> | County Health Dept. Certificate  |
| <input type="checkbox"/> | <input type="checkbox"/> | Notarized property owners consent  |

**TO BE COMPLETED BY CITY HALL:**

License Fee Amount Due: \$ \_\_\_\_\_ Date Paid: \_\_\_\_\_ License #: \_\_\_\_\_ Completed by: \_\_\_\_\_