

Merchant and Business License Application

CITY OF GERALD

City Hall
 106 E. Fitzgerald Ave.
 P.O. Box 59
 Gerald, MO 63037
 573-764-3340



RENEWAL <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Application: _____
Payment: <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____		<input type="checkbox"/> Date Paid _____
Total: \$ _____	Pick Up _____	Mail _____
Business License #: _____		Email _____
<u>(All renewals Due January 1st)</u>		

Please Fill Out & Include All Required Information

<p>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 1st through December 31st. It is the business owner's responsibility to renew the business license each year by January 31st, whether they receive a renewal form or not.</p>	
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: <input type="checkbox"/> Construction <input type="checkbox"/> Retail <input type="checkbox"/> Transportation and Public Utilities <i>(Check the one category that best describes the business)</i> <input type="checkbox"/> Manufacturing <input type="checkbox"/> Wholesale <input type="checkbox"/> Accommodations and Food Services <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): _____	
SECURITY SYSTEM	
Security System <input type="checkbox"/> Yes <input type="checkbox"/> No	Video Surveillance <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact: _____	
Phone: _____	
SIGNATURE	
<p>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").</p> <p>Failure to comply with any of the above requirements may result in a civil citation and/or fines.</p>	
_____ Signature of Applicant	_____ Date

CHECKLIST ON REVERSE SIDE

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 http://dor.mo.gov , call (573) 751-9268, or e-mail taxclearance@dor.mo.gov for information
<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 http://dor.mo.gov , call (573) 751-9268, or e-mail taxclearance@dor.mo.gov for information
<i>RSMo. 144.083 requires businesses that is has" no tax due".</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | State Issued License
<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 http://dor.mo.gov , call (573) 751-9268, or e-mail taxclearance@dor.mo.gov for information
<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: _____