

Merchant and Business License Application

CITY OF GERALD

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



***** OFFICE USE ONLY *****

RENEWAL YES NO Date of Application: _____

Payment: Cash Check # _____ Date Paid _____

Total: \$ _____ Pick Up Mail

Business License #: _____ Email

(All renewals Due January 1st)

***** OFFICE USE ONLY *****

Please Fill Out & Include All Required Information

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.

GENERAL BUSINESS INFORMATION

Business Name (DBA): _____

Owner's Name: _____	Owners Phone: _____
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Business Location: *(Cannot be P.O. Box)*

Street: _____ City: _____ State: _____ Zip: _____

Mailing Address:

Street/PO Box: _____ City: _____ State: _____ Zip: _____

Business Manager's Name (if different than Owner): _____

Business Phone: _____	Business Contact: (If not the Owner or Manager)
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Business Contact Email Address: _____

Type/ Description of Business: _____

Federal Taxpayer ID#	Missouri Sales Tax ID#
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Number of Employees *(Only if business is located within Gerald City limits)* **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 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: _____

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: _____
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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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CHECKLIST ON REVERSE SIDE

PLEASE MAKE CHECKS OUT TO CITY OF GERALD.

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: _____