

CITY OF WESTON, MISSOURI - APPLICATION FOR BUSINESS LICENSE

Date: _____

1. Name of the business, employment, occupation, agency, amusement or exhibition:

2. Address when the business, employment, occupation, agency, amusement or exhibition will be operated:

3. Name and residence address of each owner, or in the case of a corporation, the legal name of the corporation, date of incorporation and the business address of the corporation (use separate sheet of paper if necessary):

4. Give a brief description of the nature of the business, employment, occupation, agency, amusement or exhibition to be conducted pursuant to the license:

PLEASE PROVIDE THE FOLLOWING INFORMATION:

_____ a copy of the Missouri Retail Sales Tax License if said license is required by Missouri Law and a "Certificate of No Tax Due" from the Missouri Department of Revenue.

_____ in the case of food service and liquor establishments, proof of the inspection by Platte County Health Department and rating of at least 90%

_____ a drawing of the building wherein the business, employment, occupation, agency, amusement or exhibition is to be conducted showing rooms, dimensions both inside and outside

_____ a tax receipt or statement certified by the City Collector showing that the City tangible personal taxes and real estate taxes for the preceding year for BUSINESS ONLY have been paid by the applicant, or that no such taxes were due.

By submitting this application for a business license, you are consenting to a twice-yearly inspection of your business premises by personnel of the City of Weston, or its designate, or the West Platte Fire Protection District for conducting a fire safety inspection. Inspections include the following: a) Check electric panel box. b) Uncover and inspect at least one electrical outlet. c) A walk through visual inspection checking for overloaded electrical systems. d) Check fire extinguishers and smoke detectors.

I swear that the information provided on this application is true and correct.

Applicant's Signature

Printed Name

Received by _____

Title _____

Date _____

Business Owner's Telephone Number