# Merchant and Business License Application

**A red and white logo

Description automatically generated**CITY OF GERALD

**RENEWAL ☐ YES ☐ NO Date of Application:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Payment: ☐ Cash ☐ Check # ☐ Date Paid\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pick Up Mail**

**Business License #:\_\_\_\_\_\_\_\_\_\_\_\_\_ Email**

**( All renewals Due January 1st )**

**City Hall**

**106 E. Fitzgerald Ave.**

**P.O. Box 59**

**Gerald, MO 63037**

**573-764-3340**

**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): | | | | | |
| Business Location: (*Cannot be P.O. Box)*  *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 (*Only if business is located within Gerald City limits*) **Full Time Part Time** | | | | | |
| Type of Business: *(Check the one category that best describes the business)* | ☐  ☐  ☐  ☐ | Construction Manufacturing  Finance/Insurance/Real Estate  Health Care and Social Assistance | ☐  ☐  ☐  ☐ | Retail ☐  Wholesale ☐  Service ☐  Salon/Barber ☐ | Transportation and Public Utilities Accommodations and FoodServices Arts/Entertainment/Recreation  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 | * Yes | * No |  | Video Surveillance | * Yes ☐No |
| 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 | | | | | |

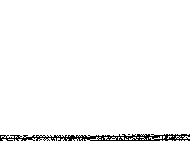
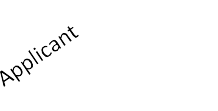
### CHECKLIST ON REVERSE SIDE

**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.



* ☐ License Application - Included
* ☐ License Fee ($25) – Provide a Service and Retail Sales
* ☐ License Fee ($30) – Contractor

### Also include the following if:

**RETAIL SALES**

* ☐ 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

*RSMo. 144.083 requires businesses that is has” no tax due”.*

### SALON, BARBER, INSURANCE

* ☐ 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

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* ☐ State Issued License

*Anyone that leases or rents a state/space inside a salon is also required to obtain a shop license*

### CONTRACTORS

* ☐ General Liability Insurance
* ☐ Proof of current Worker’s Compensation coverage (if applicable)
* ☐ Indemnity Bond (if working within public right of way)

### GERALD HOME BUSINESS

* ☐ Home Occupation License Application
* ☐ Planning and Zoning Commission Approval certification

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

* ☐ Board of Alderman consent (if on public property)
* ☐ 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

*RSMo. 144.083 requires businesses that is has” no tax due”.*

* ☐ General Liability
* ☐ Proof of current Worker’s Compensation coverage (if applicable)
* ☐ County Health Dept. Certificate
* ☐ Notarized property owners’ consent

### TO BE COMPLETED BY CITY HALL:

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