



Business License Application

www.lonejackmo.org

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SECTION 1. In accordance with Chapter 603 of the Code of Ordinance for the City of Lone Jack, Missouri, every person, whether or not located in the City, except those covered under Section 71.620 RSMo, desiring to engage in any business, profession or occupation including building contractors and subcontractors in the City shall be required to obtain an occupation license before engaging in such activity. A copy of Chapter 603 may be obtained by request. All Business Licenses are **\$35 per year and expire on April 30 of each year**. The Business License fee shall not be pro-rated.

SECTION 2. The following items are to be acquired by the applicant prior to issuance of any license.

1. Certification by the City of Lone Jack that this Business meets City Zoning and Building Codes. Your location may require physical inspection prior to certification.
2. Certification by the Licensing Officer/City Clerk that all debts owed the City including taxes and user fees are paid.
3. If you are a contractor in the Construction Industry, you must supply the City with either a Certificate of Insurance for Workers' Compensation coverage or an affidavit, the form of which shall be developed by the Division of Workers Compensation, signed by the applicant attesting that the contractor is exempt. RSMo 287.061.
4. If you are a retailer, you must submit a copy of your State of Missouri Sales Tax License each year with your renewal. You must also submit a statement of **NO TAX DUE** from the Missouri Department of Revenue pursuant to Missouri Revised Statutes, Chapter 144, Sec. 144.083.
5. If you are a contractor or subcontractor, a business license is required before any inspections will be performed.
6. License fee of **\$35.00** Payable to the "City of Lone Jack".

City of Lone Jack, Missouri
207 N. Bynum Rd.
Lone Jack, Mo. 64070

SECTION 3. Following completion of application, please allow a minimum of 72 hour processing time.

Full Legal Name of Business Seeking Application:

Name of Applicant/Owner: _____

Mailing Address: _____

Physical Address of Business: _____ Phone: _____

Business Type: Individual Partnership Corporation LLP LLC Not for Profit

Missouri Sales Tax ID #: _____

Federal Tax Payer ID or Business Owner Social Security #: _____

Date of Birth: _____

Email Address: _____

Type of Business: Please check the categories that best describe your business:

- Construction (*requires Cert of Ins or Affidavit*)
- Finance/Insurance/Real Estate
- Manufacturing/Wholesale
- Retail
- Service
- Foodservices and Accommodations
- Arts/Entertainment/Recreation
- Other _____

Describe Nature of Business: _____

Number of Employees: _____

Emergency Contact: _____

Phone: _____

Have you ever had a business license denied, revoked or suspended whether in this or another state: ___Yes ___No

If yes, give details _____

Have you ever been arrested, charged with a crime, pleaded no contest to a crime or been convicted: ___Yes ___No

If yes, give details _____

Has the Applicant received any complaints from the Attorney General or Better Business Bureau: ___Yes ___No

If yes, give details _____

I, the undersigned, do hereby authorize submittal of this application and associated documents and certify and affirm by my signature all information I have provided herein is true and correct. I do hereby agree to comply with all applicable Lone Jack Municipal Codes and conditions of approval. I further understand that any violations from the provisions of said codes or conditions of approval shall constitute cause for the retraction of this permit, and enforcement and penalties as prescribed by the Lone Jack Municipal Code shall be applied. I understand that this application is non-transferable and that changes, may require submittal of a new application. I understand that in any case this application must be renewed annually.

Signature

Date

FOR OFFICIAL OFFICE USE ONLY

- Copy of Driver's License
- Workman's Compensation Certificate (if applicable) or Affidavit
- No Tax Due Letter (DOR) if applicable

Date License Issued: _____

Payment Received: _____ Check _____ Cash

Zoning /Inspector Verified: _____

License Number Issued: _____