



City of Lake Lotawana

100 Lake Lotawana Drive, Lake Lotawana, MO 64086
Phone 816-578-4215 ~ Fax 816-578-4035

Business License Regulations

Please complete the enclosed application (a license will not be issued until all requested information is provided – **page two must have every blank filled in**) and mail or bring to Lake Lotawana City Hall. **A Missouri State Sales Tax Number (if does not apply to business, must be stated on application by placing N/A in “Sales Tax #” line) and a Federal Identification Number is required.** If an incomplete application is submitted, it will be sent back to the business for the additional information needed.

The term of the license issued shall begin January 1, of each calendar year and ends December 31, of each calendar year. A separate license is required for each place of business and a separate license will be required for liquor.

The license fee is: Flat fee of \$75.00 plus \$5.00 per employee with a minimum license fee of \$100.00. Number of employees = previous 12 months end of month number of employees divided by 12. On page 3 the number of employees must be provided.

Please call City Hall if there are any questions: 816-578-4215



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Business License For _____
(Year)

New Renewal

Please indicate ownership status:

Individual Partnership Corporation

Date _____

Name of Business _____

Street Address _____
(City) (State) (Zip)

Mailing Address _____
(City) (State) (Zip)

Business Phone Number _____

Does Your Business Do Retail Sales In The City?

Sales Tax Number _____ Yes No

Federal Identification Number _____

Attach copy of Certificate of Liability Insurance.



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Owner's Information:

Name _____

Home Phone Number _____

Address _____
(City) (State) (Zip)

Manager's Information

Name _____

Home Phone Number _____

Person to Contact at night

Name _____

Phone Number _____

Owner of the Building _____

Number of employees within the City _____

Are any flammable ore explosive items stored ore used in your business? Yes No

If yes, state what is stored and where it is stored:



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I/We understand this Business License authorized only the vending of goods, wares, merchandise and/or services for the activity described in the Detailed Description of Business Activity for this application.

The following statement is acknowledged by your signing and dating: **I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which this license has been obtained.**

Date

Signature of Owner or Manager

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FOR NEW LICENSE ONLY

IF PLACE OF BUSINESS IS LOCATED WITHIN THE MUNICIPAL BOUNDARIES OF THE CITY OF LAKE LOTAWANA, THE FOLLOWING MUST BE COMPLETED AND APPROVED BY THE BUILDING/ZONING INSPECTOR BEFORE ISSUANCE OF LICENSE;

Zoning for _____ (type of business) is _____ (district)

Address _____ is zoned _____

Restrictions is any: _____

Date _____ Zoning Officer _____

Zoning Approval: Yes No

Building approved for business as complying with city ordinances: Yes No

Restrictions if any _____

Date _____ Building Inspector _____