



# CITY OF ST. JOSEPH

1100 Frederick, Room 107, St. Joseph, MO 64501  
(816) 271-4751 Fax (816) 271-4676

## Business License Application

Business name: \_\_\_\_\_  
Business address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Business phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_  
Type of business: \_\_\_\_\_

Business owner name: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Corporate / parent company: \_\_\_\_\_  
Corporate address: \_\_\_\_\_  
City, State, Zip code: \_\_\_\_\_  
Corp. Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Local Contact name: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_  
Missouri Tax Number: \_\_\_\_\_ Federal employee ID #: \_\_\_\_\_

Certificate of Workman's Compensation Insurance for Contractors: \_\_\_\_\_  
(Only if one or more employees)

I hereby agree that all renewal applications made hereafter and payable on or before June 30<sup>th</sup> of the license year. Any payments made after that period shall be assessed a 10% penalty the first month and an additional 1% interest for each 30 day period thereafter. All Delinquent amounts due the City of St. Joseph including penalty and interest shall be paid in full prior to renewal of license. I certify this information to be true per sections #8-62 and 8-63 of the City code of ordinances.

**NOTE FOR A LICENSE TO BE ISSUED, ALL INFORMATION MUST BE PROPERLY FILLED OUT AND SUBMITTED TO THE CUSTOMER ASSISTANCE DEPARTMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
License #: \_\_\_\_\_  
Category: \_\_\_\_\_ Fee: \_\_\_\_\_  
Copy of State Id: YES \_\_\_\_\_ NO \_\_\_\_\_  
Payment type: Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_



# CITY OF ST. JOSEPH

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## Zoning Certificate

Parcel # \_\_\_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alarm: Yes \_\_\_\_\_ No \_\_\_\_\_

Type of business: \_\_\_\_\_

Business owner name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Describe the previous use of the building

Describe proposed use of building:

### For Home Occupation only:

Does owner reside in home YES \_\_\_\_\_ NO \_\_\_\_\_

Will a sign be required? YES \_\_\_\_\_ NO \_\_\_\_\_

How many employees at this address? \_\_\_\_\_

Will off street parking be provided for at least two cars? YES \_\_\_\_\_ NO \_\_\_\_\_

Will there be any outside storage? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes please explain: \_\_\_\_\_

Will business activity create any dust, noise, smoke, odor, radiation, electrical interference or vibrations? YES \_\_\_\_\_ NO \_\_\_\_\_

### Zoning staff Only (per Zoning Ordinance Chapter 31)

Zoning District: \_\_\_\_\_ Approval date: \_\_\_\_\_

Zoning Certificate Approval: \_\_\_\_\_



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## Walk thru Application

Parcel Number: \_\_\_\_\_

Walk thru Number: \_\_\_\_\_ Walk thru date: \_\_\_\_\_

Processed by: \_\_\_\_\_ Will Stamped plans be required? Yes \_\_\_ No \_\_\_

Business name: \_\_\_\_\_

Business address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Business phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_ Alarm: Yes \_\_\_ No \_\_\_

Type of business: \_\_\_\_\_

Business owner name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Property Owner Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Describe the previous use of the building:

Describe proposed use of building:

## For City Use Only

Fee Amount: \$52.50 \_\_\_ \$105.00 \_\_\_ WT Paid: Yes \_\_\_ No \_\_\_

Flood Plain: Yes \_\_\_ No \_\_\_ Floodway: Yes \_\_\_ No \_\_\_ Flood Zone: \_\_\_

Existing Occupancy: \_\_\_ Proposed Occupancy: \_\_\_ Construction type: \_\_\_\_\_

**PLEASE IDENTIFY THE SCOPE OF WORK FOR EACH DISCIPLINE:**

**Structural:** (includes the placement or removal of any walls or partitions, adding of any new walls or partitions, widening of entryways or hallways, replacement wall coverings including drywall, etc.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Roof:** (includes the removal and/or replacement of the existing roof with new materials, etc.)

Existing Composition: \_\_\_\_\_ New Composition: \_\_\_\_\_ Total Roof Area: \_\_\_\_\_

Square footage being repaired/replaced \_\_\_\_\_

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Windows and doors:** (includes the replacement, alteration or installation of new doors and windows, or doors and windows with larger or smaller size units, etc.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Cosmetic work:** (includes carpeting, painting, replacement of wall coverings, etc.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Electrical:** (adding or replacing electrical outlets, new lighting fixtures or fans etc.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Plumbing:** (includes the relocation and replacement of existing fixtures, temporary removal and re-installation of existing fixtures, installation of new or larger fixtures, etc. Plumbing fixtures include stools, sinks, showers, tubs dishwashers, washing machines, floor drains, hose bibs, yard hydrants, etc.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Mechanical:** (includes the replacement or relocation of existing HVACs. systems to include condensing units, fans, furnaces and associated piping and connections, the replacement or installation of new flue pipe or make up air piping, replacement, relocation or installation of exhaust fans, etc.)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Site Work:** (Changes to parking lots, pavement and landscaping)

Yes \_\_\_ No \_\_\_ N/A \_\_\_

**Miscellaneous:**

Will this project generate the hiring of new employees?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

(If so how will affect the number of existing parking lot spaces?) \_\_\_\_\_

Will this project alter or disturb any existing asbestos

Yes \_\_\_ No \_\_\_ N/A \_\_\_

(If yes, provide a copy of a Missouri DNR permit)

Does building have an existing sprinkler system?

Yes \_\_\_ No \_\_\_ N/A \_\_\_

(If yes how will work affect the sprinkler system?)

Date

Comments