



**City of Blue Springs
BUSINESS LICENSE APPLICATION**

DATE OPENED _____ LICENSE # _____ NEW () RENEWAL ()

NAME OF BUSINESS _____

BUS ADDRESS _____ PHONE _____
Street City/State Zip

MAILING ADDRESS _____

PERSON IN CHARGE _____ TITLE _____

HOME ADDRESS _____ PHONE _____
Street City/State Zip

TYPE OF BUSINESS _____ MO SALES TAX # _____

SOLE PROPRIETER () PARTNERSHIP () CORPORATION () LIMITED LIABILITY CO. ()

DO YOU SELL CIGARETTES? () NO () YES - DISTRIBUTOR NAME _____

INDICATE BELOW IF YOUR BUSINESS PARTICIPATES IN ANY OF THE FOLLOWING:
(ADDITIONAL FEES/INFORMATION MAY NEED TO BE PROVIDED)

- () Liquor Sales () Taxicab () Massage Therapy () Pawn Shop
() Secondhand Dealers Precious Metals/Gems () Security Operators & Officers

****PLUMBING/HVAC TRADES/ELECTRICAL:** () COPY OF MASTERS LICENSE
MUST BE SUBMITTED () COPY OF LIABILITY INSURANCE

NAME OF LICENSED PERSON _____

DAYCARE BUSINESSES: # OF CHILDREN _____ STATE LICENSED () YES () NO

FEE COMPUTATION:

(A) BASIC FEE \$35.00 per year _____

(B) # OF EMPLOYEES _____ X \$2.00 _____
**** Minimum of one is required ****

(C) LATE PENALTY (10% first month + 1% each month thereafter) _____

TOTAL DUE: _____

****OWNERSHIP:** List below the Name, Home Address and Home Phone Number of each Partner, President, Vice-President, Secretary and Treasurer for business or corporation.

NAME & TITLE: _____

HOME ADDRESS: _____

CITY STATE ZIP: _____

PHONE NUMBER: _____ DRIVERS LICENSE # _____

NAME & TITLE: _____

HOME ADDRESS: _____

CITY STATE ZIP: _____

PHONE NUMBER: _____ DRIVERS LICENSE # _____

NAME & TITLE: _____

HOME ADDRESS: _____

CITY STATE ZIP: _____

PHONE NUMBER: _____ DRIVERS LICENSE # _____

NAME & TITLE: _____

HOME ADDRESS: _____

CITY STATE ZIP: _____

PHONE NUMBER: _____ DRIVERS LICENSE # _____

**Return all Information and Check to: City of Blue Springs
Revenue Collections Division
903 W. Main Street
Blue Springs, MO 64015**

I certify that the information given in this application is true to the best of my knowledge and belief.
I also understand that this license is not transferable.

SIGNED _____ DATE _____ TITLE _____

APPROVED BY _____ DATE _____

The Licensing and Occupational License Ordinance (Chapter 605) is available upon request, or may be viewed on the City's website at bluespringsgov.com.