City of Moberly!

101 West Reed Street * Moberly, Missouri 65270-1551
Phone: (660) 263-4420
Fax: (660) 269-8171

BUSINESS LICENSE CHECKLIST

Any person or entity performing business-type activities within the city limits of Moberly must obtain a City of Moberly business license, whether or not that business occupies a facility within Moberly city limits.

To obtain a City of Moberly business license you must submit:

1) A properly completed Business License Application to the City of Moberly Finance Department, with the applicant signature notarized (notaries are available in City Hall at no cost).
2) The $35 annual business license fee to the City of Moberly (license period May 1–April 30).

If your business will be located in a Moberly building you must have:

1) A properly completed Commercial Occupancy Application, submitted to the Code Enforcement Office.
2) A facility inspection performed by the Code Enforcement Office.
3) A Certificate of Occupancy issued by the Code Enforcement Office.

If your business collects and remits sales tax to the Missouri Department of Revenue, you must have:

1) A Randolph County merchant's license, available for $25 at the office of the Randolph County Collector located in the Randolph County Courthouse in Huntsville, MO.

Other items you may need:

1)	Water/sewer/bagged trash service	City of Moberly Water Office	660-263-4420
2)	Commercial dumpster service	Waste Management	800-778-7652
3)	Gas & electric service	Ameren Missouri	877-426-3736

Applications and/or deposits for these services may be required.

Helpful websites

Randolph County government	www.randolphcounty-mo.com
Moberly Area Chamber of Commerce	www.moberlychamber.com
Moberly Area Economic Development Corporation	www.moberly-edc.com

City of Moberly!

BUSINESS LICENSE APPLICATION

Submit to:

Finance Department 101 West Reed Street
Moberly, MO 65270
Phone: (660) 269-8705 Fax: (660) 269-8171
E-mail Businesslicense@cityofmoberly.com

BUSINESS INFORMATION

Business name _____

Business address (street, city, state, zip) _____

Mailing address (if different) _____

E-mail address _____

Business phone number _____ Fax number _____

Nature of business (in detail) _____

_____

_____

Missouri sales & use tax I.D. # (if applicable to business) _____

Please provide a Statement of No Tax Due dated no more than 15 days prior to the date of submission of this application.

Missouri Department of Revenue, Business Tax Bureau – Phone: (573) 751-5860

Sole Proprietorship ☐ Partnership ☐ Corporation ☐ LLC ☐ Other _____

Parent company/owner name and address (street, city, state, zip) _____

_____

How long at the above address? _____

Is the business registered with the Missouri Secretary of State under the fictitious name law? Y ☐ N ☐

Cigarette sales? Y ☐ N ☐ Home occupation? Y ☐ N ☐ Food sales? Y ☐ N ☐

Number of employees Full time _____ Part time _____ Total _____

BUSINESS CONTACT INFORMATION

Applicant is: Owner ☐ Manager ☐ Agent ☐

Name of applicant _____

Phone number _____ E-mail _____

Name, address, & phone number of additional contact _____

_____

Annual license fee- $35 ***License valid May 1 – April 30 of the following year***

Construction businesses with one or more employees and all businesses with 5 or more employees must submit a current certificate of Worker's Compensation Insurance with this application.

Are you in debt to or otherwise obligated to this City? Y☐ N☐

Have you ever had a bond revoked? Y☐ N☐ If "yes," please explain below

_____

_____

Have you ever been convicted of any violations of laws or ordinances (other than traffic violations)? Y☐ N☐
If "yes," please explain the offense, date, place, and result, including case numbers if applicable.

_____

_____

_____

Have you had a City of Moberly business license revoked in the past 12 months? Y☐ N☐
If "yes," please explain the date and reason for revocation, including case numbers if applicable.

_____

_____

_____

I affirm that the information on this applications is factual, that this business will be conducted in accordance with all applicable State and City laws, that all City taxes/fees have been paid, and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained. I understand that any false statements made by me on this application may result in the revocation of this license.

Signature: _____ Date: _____

State of _____

County of _____

On this _____day of _____, 20_____, before me personally appeared _____, known to me to be the individual described in and who executed the foregoing instrument and acknowledged to me that he/she executed the same.

_____ _____
Notary Public My commission expires

For City Code Enforcement Office use only

Necessary inspections performed & C of O issued _____ _____
Signature Date

Commercial Building Reccupancy Checklist

Address_____ Zone_____

Previous Business_____

Occupancy Classification of USE _____

Is this a change of use? Y☐ N☐ *(if "Y"; then must complete change of use section)*

Item	Y	N	N/A
Exterior			
- Street address numbers front/back, readable from street			
- Signage permitted and in place			
- Exterior Egress lighting			
Interior			
- Occupant Load posted			
- Emergency Egress Lighting and signage (visible within 100')			
- Emergency Egress Operable Doors (1 if < 75 ft) (2 if >75ft or 50 occupant load)			
- Fire Extinguishers inspected and in place			
- Compressed gas cylinders secured (both in use and stored)			
- Combustible storage according to code			
- Restrooms / Cleaning Closets (code approved plumbing and clearances)			
- Plumbing intact and secured			
- Smoke and CO Alarms, operable and in place			
Mechanical/Electrical			
- Furnace inspected and contains disconnect			
- Water heater meets code (wiring, connections, discharge pipes)			
- Electrical Panel labeled and secure			
- Electrical Panel clearances for access			
- Wiring secured and all boxes closed			
- Proper GFCI Outlets in required locations			

Change of use notes:

Please indicate any or all items for inspection based on change of use and age of building:

_____

_____

_____

_____

_____

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APPLICATION FOR CERTIFICATE OF OCCUPANCY PERMIT

_____ _____
Name of Business Applying for Occupancy Date

_____
Location of Property specific to this request (Complete Street, City, State, Zip)

_____
Proposed Use for the building

Is building vacant? Y☐ N☐ How long (if known) _____

_____
Current Use (or previous use if vacant)

Explain in detail what portion of the structure will be occupied (how much space, what floor(s), etc.)

_____
_____
_____

Application No. _____

Building permit No. (if Applicable) _____
Zoning Classification _____

Reason for Application
- ☐ New Occupancy
- ☐ New Ownership
- ☐ Relocation from: _____

Intended Use of Building
- ☐ Assembly ☐ Business ☐ Day care
- ☐ Education ☐ Industrial ☐ Hazardous
- ☐ Institutional ☐ Merchantile ☐ Storage
- ☐ Other: _____

NAME AND CONTACT INFORMATION OF THE APPLICANT:

_____ _____ _____
Print Full Name Phone (cell/land line) E-mail address

_____
Complete Mailing Address: City State Zip

NAME AND CONTACT INFORMATION OF THE PROPERTY OWNER:

_____ _____ _____
Print Full Name Phone (cell/land line) E-mail address

_____
Complete Mailing Address: City State Zip

I certify that I am the owner of record or that I have been authorized by the owner of record to submit this application and that the occupancy described has been authorized by the owner of record. I agree to conform to all applicable local, state, and federal laws governing the execution of this project. I certify that the Code official or his representative shall have the authority to enter the areas in which this work is being performed, at any reasonable hour, to enforce the provisions of the Code governing this project. I further certify that this information is true and correct to the best of my knowledge or information and belief. I understand that false statements herein are made subject to the penalties of (City Ordinances), relating to unsworn falsification to authorities. The undersigned understands that completion of this form does not allow occupancy of the premises.

Applicant Signature: _____ Date: _____

Print Name (legibly): _____

For Code Enforcement Office Use (see reverse for remarks)

Legal Description of property

_____
_____

Certificate of Occupancy Number _____ Date Issued _____ Code Officer _____