



101 West Reed Street \* Moberly, Missouri 65270-1551

Phone: (660) 263-4420

Fax: (660) 269-8171

## **LODGING PERMIT CHECKLIST AND IMPORTANT INFORMATION**

### **To obtain a City of Moberly lodging permit you must submit:**

- 1) A properly completed Lodging Permit Application to the City of Moberly Finance Department.
- 2) Remit annual lodging tax report and payment of tax. Tax is paid at 4% of gross receipts of revenue derived from fees paid by transient guests. (license period May 1–April 30).
- 3) 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.

### **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.

### **Lodging permit and tax information:**

- 1) Annual lodging tax is paid at 4% of gross receipts of revenue derived from fees paid by transient guests.
- 2) Licenses are issued for a period of May 1<sup>st</sup> – April 30<sup>th</sup>.
- 3) Lodging tax report filing and payment are due to the City of Moberly by March 30<sup>th</sup> each year.



**LODGING PERMIT 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) \_\_\_\_\_

Sole Proprietorship  Partnership  Corporation  LLC  Franchise  Other \_\_\_\_\_

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

Name and contact information of entity responsible for collecting a remitting lodging tax (if different than above):  
\_\_\_\_\_  
\_\_\_\_\_

**BUSINESS CONTACT INFORMATION**

Applicant is: Owner  Manager  Agent

Name of applicant \_\_\_\_\_

Phone number \_\_\_\_\_ E-mail \_\_\_\_\_

Name, address, & phone number of additional contact \_\_\_\_\_  
\_\_\_\_\_

**Permit valid May 1 – April 30 of the following year**

**Permit requires the remittance of lodging tax on an annual basis. Tax is 4% of gross receipts of revenue from fees paid by transient guests. Lodging tax reports must be filed and payment remitted to the City by March 30<sup>th</sup> each year.**

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

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.

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***I affirm that the information on this application 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. I understand I am responsible for the reporting on and remittance of lodging tax on an annual basis. I understand that any false statements made by me on this application may result in the revocation of this license.***

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

