



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 | Advanced Disposal | 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 |



BUSINESS LICENSE APPLICATION

Submit to:

Finance Department 101 West Reed Street
Moberly, MO 65270
Phone: (660) 269-8705 Fax: (660) 263-9398
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 Re-Occupancy 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:



101 West Reed Street * Moberly, Missouri 65270-1551

Phone: (660) 263-4420

Fax: (660) 269-8171

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.) _____

NAME AND CONTACT INFORMATION OF THE APPLICANT:

Print Full Name _____ Phone (cell/land line) _____ Email address _____

Complete Mailing Address: _____ City _____ State _____ Zip _____

NAME AND CONTACT INFORMATION OF THE PROPERTY OWNER:

Print Full Name _____ Phone (cell/land line) _____ Email 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): _____

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: _____

For Office Use (see reverse for remarks)
Legal Description of property _____
Certificate of Occupancy Number _____ Date Issued _____ Code Officer _____