

Business Information

City of Belton, Missouri

520 Main Street – Belton, MO 64012 P 816.331.4331 <u>cityclerk@belton.org</u>

Daycare/Childcare Business License Application (please type or print)

Reminder – A business may **NOT** operate until a business license is approved.

Please allow 3-5 days for license processing.

Fees

License Year 2023-24

• License fee \$70

Fire and building inspections are required for initial licensing of physical commercial business sites located in Belton city limits. Inspection fee \$50.

License fees are not prorated. City licenses expire June 30 of each year.



Business Name		DBA Name (if different)				
Full Street Address (No PO Bo	oxes)			Number of Employees		
		City/Ct/7im	Business	(not counting owners)		
Full Mailing Address (if diffe	rent)	City/St/Zip	Pnone Number			
Email Description of Type of Business <u>Daycare/Childcare</u>						
How many children do you	ı care for?	<u></u>				
Yes / No Is this business state licensed? If yes, attach a copy of your state license. (RSMo 210.211)						
Yes / No Does this business do retail sales within the city limits of Belton? If yes, attach a Certificate of No Tax Due from MoDOR dated within the past 90 days. (RSMo 144.083) Retail Sales Tax #						
Yes / No Is this business a nonprofit? If yes, for <u>New Applications Only</u> , attach IRS form showing status. Nonprofits are exempt from license fee.						
Yes / No Is this business producing or distributing food? If yes, for New Applications Only, attach a Cass County health permit or exemption letter.						
Ownership Information	Sole Proprietor (complete section A)	General Partnership (complete section B)	Corporation or LI (complete section C)	C Other		
Section A – Sole Proprietor A single-member LLC should fill out section C						
Owner's Name		Home Address				
	Б 1	(if different than above)		City/St/Zip		
Cell phone						
New Applications Only, attach the owner's valid driver's license or other valid government-issued ID (passport, state-issued ID card, military ID).						
☐ If the owner lives inside Belton	n city limits, attach the pre	vious year's personal property t	ax receipt <u>OR</u> a letter of non	a-assessment from Cass County.		
Section B – General Partnership A limited partnership (LP) should fill out section C						
#1 Owner's Name		Home Address				
Cell phone	Email	(if different than above)	FIN# or SS#	City/St/Zip		
		s license or other valid governm				
		vious year's personal property to				
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#2 Owner's Name		Home Address				
		(if different than above)		City/St/Zip		
		s license or other valid governm				
If owner #2 lives inside Belton city limits, attach the previous year's personal property tax receipt <u>OR</u> a letter of non-assessment from Cass County.						
				1		
Office Use Only Approved by	y Date _					
Business License # BL / BR	Fee	\$/ Exempt TIF	?	4/2023		

Section C – Corporation or LLC Fo	or all LLC, INC, and LP					
EIN#	New Applications (RSMo Chapter 347; Ch	Only, attach registration with the napter 351)	ne Missouri Secretary of State			
Please list principal officers/members (e.g., Presshowing officers/members/positions.	sident, VP, Secretary) <u>OR</u> you ma	y attach your Missouri Secre	etary of State Registration form			
1. Name	Position					
2. Name						
3. Name	Position					
4. Name	Position					
Name of local emergency contact (KC Metro area) for a business physically located in Belton						
Position	Home Address					
Cell Phone	Email					
Yes / No Do you or your corporate business entity run a business in another location? If yes, please provide location information. (city/state) Yes / No Have you or your corporate business entity ever had a business license revoked, suspended, or denied? If yes, please explain. By signing my name below, I certify the business described in this application does not employ any illegal aliens. I certify the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Belton. I certify the information contained herein is true, correct, and complete to the best of my knowledge. I authorize the city, its agents, and employees to seek information and investigate the truth of the statements set forth in the application. I also acknowledge that this is only an application and is not approval for me to operate a business within the City of Belton, Missouri. Please note: this application must be fully completed & legible before it will be processed.						
Signature of Owner or Agent Printed Wanting to may online? Sand a complete		osition	Date			
Wanting to pay online? Send a complete	ed application packet and a	payment link will be en	maned to you.			

Questions? Need additional assistance? Please contact the City Clerk's Office 816.331.4331 or cityclerk@belton.org