

Business Information

City of Belton, Missouri

520 Main Street – Belton, MO 64012 P 816.331.4331 cityclerk@belton.org

Please allow 3-5 days for license processing.

Mobile Vending License Application (please type or print)

Fees

License Year 2023-24

License fee \$70



License fees are not prorated. City licenses expire June 30 of each year. Reminder – A business may **NOT** operate until a business license is approved.

Business 1	Name		DBA Name (if different)					
Full Street Address (No PO Boxes)					Number of Employees			
Full Mailing Address (if different)			City/St/Zip	Business Phone Number	(not counting owners)			
			City/St/Zip	Filolie Nullibei _				
Email			Description	of Type of Business _	Mobile Vending			
Yes / No	es / 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	/ No Is this business producing or distributing food? If yes, attach a picture of the current Cass County health permit for the mobile unit or provide an exemption letter.							
Ownershi	ip Information	Sole Proprietor (complete section A)	General Partnership (complete section B)	Corporation or LL (complete section C)	.C Other			
Section A – Sole Proprietor A single-member LLC should fill out section C								
Owner's Name			Home Address					
		F '1	(if different than above)	EDIU GGU	City/St/Zip			
Cell phone Email								
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 city limits, attach the previous year's personal property tax receipt <u>OR</u> a letter of non-assessment from Cass County.								
Section B – General Partnership A limited partnership (I P) should fill out section C								
A fillifica partifership (E1) should fill out section C								
#1 Owner's Name			Home Address (if different than above)		City/St/Zip			
Cell phone	e	Email		EIN# or SS#	Спу/зиZip			
 New Applications Only, attach owner #1's valid driver's license or other valid government-issued ID (passport, state-issued ID card, military ID). If owner #1 lives inside Belton city limits, attach the previous year's personal property tax receipt OR a letter of non-assessment from Cass County. 								
* * * * * * * * * * * * * * * * * * *								
#2 Owner'	#2 Owner's Name Home Address							
C-11 -1	_	E11	(if different than above)	EIN!# CC#	City/St/Zip			
Cell phone Email EIN# or SS#								
 New Applications Only, attach owner #2's valid driver's license or other valid government-issued ID (passport, state-issued ID card, military ID). If owner #2 lives inside Belton city limits, attach the previous year's personal property tax receipt OR a letter of non-assessment from Cass County. 								
		-						
Office	Use Only Approved	by Date						
Business I	License # BL / BR	Fe	ee \$ / Exempt		4/2023			

Section C – Corporation or LLC	For all LLC, INC, and	<mark>LP</mark>						
EIN#	RSMo Chapter 3		n with the Missouri Secretary of State					
Please list principal officers/members (e.g. showing officers/members/positions.	, President, VP, Secretary) OR yo	ou may attach your Missour	i Secretary of State Registration form					
1. Name	Position							
2. Name	Position							
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							
Additional Information If the mobile vendor is required to have a Heart of America Fire Prevention permit, attach a picture of the current permit. Please indicate you will comply with the parking and operating regulations found in Chapter 6, Article XXII. (A copy of this article is available upon request) Additional Information for ALL BUSINESSES 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 Pri	inted Name	Position	Date					

Wanting to pay online? Send a completed application packet and a payment link will be emailed to you.

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