Instructions for Indian Point Business License

1. Purpose of Application. Check the reason for the application.
2. Legal Name of the Business and established opening date.
3. Doing Business Aa – Must match any signage out front of the building.
4. Any Contact Person Indian Point can get in touch with regarding the application.
5. The Business Address, where the actual business is located on Indian Point.
6. Mailing Address if different from the Business Address.
7. What typed of Ownership it is.
8. The Names of ALL the Owners, Partners, LLC Members and Officers. Please use a separate sheet if necessary.
9. Business Description. Give a condensed description of the business that will be conducted. Be certain to be concise and any misrepresentation may be cause for the license to be rejected or revoked.
10. Insert your Federal Employer ID# Your certificate can be retrieved from IRS or from your bank.
11. Write your Tax Jurisdiction # here.
12. Missouri Tax ID # is written here.

A copy of #11, and 12 will be required before a license is issued.

1. You will need a Retail Sales License and it usually takes 7-10 days to receive one on the Missouri Department of Revenue Website.
2. If you have 5 or more employees or fall under any other RSMo Ch.287 guidelines the business must carry workers' compensation coverage and provide the Village with a certificate of coverage.
3. Must be read and signed by the local manager or owner who is responsible for the conduct of the business.
4. Please check the license fee schedule, it has changed from last year and now goes by units managed. Each unit must be listed and attached to the application.
5. If you have a current fire permit, please put down the month and year that it was inspected and the

company name on the permit.

Please give us the name and address of a local contact of someone who is close by that can be contacted in case of an emergency.

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Business License Application

1. PURPOSE OF APPLICATION  New Business  Change of Ownership  Renewal

  Change of Location  Reinstate Revoked License  Business Name Change

2. CORPORATION OR LLC NAME (Legal Name) (Est Opening Date)

3. DOING BUSINESS AS – NAME OF BUSINESS

 (Must Match Signage)

4. CONTACT PERSON(S) IN CASE OF EMERGENCY

 Name Telephone

 Email Local Bus. Phone

5. BUSINESS ADDRESS IN INDIAN POINT 6. MAILING ADDRESS (if different from business address)

 Street: Street:

 City, State, Zip: City, State, Zip:

7. TYPE OF OWNERSHIP  Sole Proprietor  Partnership

  Non-profit Corporation  Limited Liability Company (LLC)  Corporation

8. NAMES OF OWNERS, PARTNERS, LLC MEMBERS, OFFICERS (List Below-provide add-on sheet if needed)

 Name: Title: Phone Number:

 Home Address:

 Name: Title: Phone Number:

 Home Address:

9. BUSINESS DESCRIPTION: Give a concise description of the business to be conducted. Be certain that the types of business transactions to be conducted are described. Any misrepresentation in the description of the business by the applicant may be sufficient cause for the license to be rejected or revoked.

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10. FEDERAL EMPLOYER ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

11. TAX JURISDICTION #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 12. Missouri TAX ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (A copy of these documents will be required before a license will be issued)

13. RETAIL SALES LICENSE  Applied for  Not Applicable

14. WORKER’S COMPENSATION INSURANCE: The business must provide the Village with a certificate of insurance for workers’ compensation coverage if the applicant for the license is required to cover such liability under Chapter 287, RSMo.  Applicable  Not Applicable

15. RESPONSIBLE PARTY CERTIFICATION (Recommended to be signed by the local manager or owner that is responsible for the conduct of the business at the location to be licensed)

I (the undersigned) have answered all questions on the application, and to the best of my knowledge, all answers are true and correct. I further understand that false, misleading or any incomplete answers may result in denial or revocation of the license, if already issued. I am authorized by the business to make an application and certify the information on its behalf.

 I will notify the Village if I leave the employment of the business being licensed or no longer function as it's Responsible Party.

 On behalf of the business, I acknowledge and agree to the following conditions related to the conduct of the business:

 a. Our business cannot commence operations in Indian Point until a business license is issued. A license cannot be issued until required department approvals have been obtained, fees have been paid, a copy of a current No Tax Due Statement, and a copy of a MO. Department of Revenue Retail Sales License for the license’s location has been provided.

 b. I must notify the Village's Finance Department in writing of any change in business name, address, address, ownership, or Responsible Party:

 c. I may not operate the business for which this application is made at any address other than the one listed on this application (additional locations or a change in

 location requires a separate license and must be applied for and issued before opening for business:

 d. I am responsible for maintaining a current and active business license applicable to the operation of the business at this location including

 timely renewal of the business license.

 e. I will make sure that monthly tax returns are filed and paid on or before the monthly Due Date.

 f. I agree to operate the business in accordance to all Village ordinances and state laws that affect our business operation and conduct:

 g. I acknowledge by my signature on this form that I accept responsibility for service of any citation issued by the Village for any violation of the

 Indian Point Municipal Code.

 h. I accept on behalf of the business, the conditions contained herein and am subject to such rules and regulations as may at any time be

 adopted or enacted by the Village Board of the Village of Indian Point and specifically agree to observe and keep all of the provisions of such

 ordinances.

 I. I am responsible for abiding by all other regulations set forth by other governing entities, such as HOAS, COAS, etc.

16. LICENSE FEE

Individual License Fee is $50.00 Annually for 1-4 Locations. Any Owner with 5-10 locations will be $75.00, and 10 plus locations will be $100. Food Trucks will pay an annual fee of $35. Licenses obtained after March 31st will have a late fee of double the fee. A list of each unit is required to be attached to the application.

The Licensing year runs from March 31 to March 30 annually.

17. REQUIRED INSPECTIONS: The applicant must call the Southern Stone County Fire Department (417-272-1510) to schedule the required inspection in order to obtain a business license.

Date Fire Permit Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name on the Stone County Fire Permit\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Stone County Health Permit Applied for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name on the Stone County Health Permit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Responsible Party Signature: Date Signed:

 Responsible Party Printed Name: Phone #:

 Responsible Party Title: E-Mail: