



**CITY OF KEARNEY**  
 100 E. Washington P.O. Box 797  
 Kearney, Mo 64060  
 816-628-4142 (Fax) 816-628-4543

Application No. \_\_\_\_\_

**APPLICATION FOR OCCUPATIONAL LICENSE**

(NOTE: THIS IS AN APPLICATION ONLY)

Please complete this application and mail with a check payable to the City of Kearney, in the amount of Thirty dollars (\$30.00). Please print legibly. A license will be mailed upon approval.

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS MAILING ADDRESS: \_\_\_\_\_  
 (Street) (City) (State) ( Zip Code)

PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

NATURE OF BUSINESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_  
 (Wholesale, retail or service) (Specify kind of business, for ex: drug or hardware store, bank, etc.)

LOCATION OF BUSINESS: \_\_\_\_\_  
 (Address)

MO SALES TAX NUMBER: \_\_\_\_\_ ZONING: \_\_\_\_\_  
 (If applicable) (If business is located in the City of Kearney)

**BUSINESS PERSONAL PROPERTY TAX AND REAL ESTATE TAXES**

According to the City Ordinance all applicants for a City license shall be in good standing with the City and County on all taxes and fees.

**RETAIL SELLERS MUST SUBMIT A NO SALES TAX DUE STATEMENT**

Beginning Jan. 1, 2009, the possession of a statement from the Dept. of Revenue stating no sales tax due is a prerequisite to the issuance or renewal of any City occupation license required for conducting any business where goods are sold at retail. The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the City license. Business owners may access the on-line system at <http://dor.mo.gov/tax/business/sales/notaxdue> to acquire a statement of no tax due by entering their Missouri tax identification number and pin number located on their sales tax return or voucher.

**NOTICE TO CONSTRUCTION CONTRACTORS**

State law requires contractors to provide a Certificate of Insurance for Worker's Compensation which shall be returned with application or faxed to 816-628-4543. A copy must also be emailed to [cityofkearney@certificatemanager.net](mailto:cityofkearney@certificatemanager.net). If the Company is exempt sign box below.

**WORKER'S COMPENSATION EXEMPTION STATEMENT**

I hereby certify that the business described in this application is exempt from the requirements of the Missouri Worker's Compensation Law and, therefore, per Section 287.061 RSMo, is not required to provide the City with a Certificate of Insurance but is signing this statement of exemption.

Signature of Contractor or Authorized Agent \_\_\_\_\_

**NOTICE TO ELECTRICIANS/PLUMBERS:** City Ordinance requires that you have a Master Plumbing or Electrical License to work in the City of Kearney. **We must have a copy of your license** and name of master electrician/plumber \_\_\_\_\_. If you have questions you may contact Chad Coffelt at 816-903-4736.

APPLICANT'S SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

OWNER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ CELL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

**IN CASE OF AN EMERGENCY CONTACT:**

1. \_\_\_\_\_ PHONE: \_\_\_\_\_  
 (Name and Address)

2. \_\_\_\_\_ PHONE: \_\_\_\_\_  
 (Name and Address)

