**Village of Oakview**

**Application for Occupational License**

**Mail or Deliver to: Village of Oakview, 6404 N Locust St. Oakview, MO 64118**

**Or email to: city@oakviewmo.org**

Your occupational license **must be publicly displayed** at your business in Oakview.

If the application information submitted is for a partial year license (after July 1st), estimate information through June 30th of the following year from the business start date.

**General Business Information**

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| Application Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Tentative Date Starting in Oakview: \_\_\_\_/\_\_\_\_/\_\_\_\_ New □ Renewal □  Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dba: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Description Of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mailing Address: Same as above □ or:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Manager’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Owner’s Name/Address/Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Missouri Sales Tax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Issued To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Check One:** □ ≤ 5 Employees □ ≥5 Employees (Attach Proof of Workers Comp. Insurance For 5 Or More Employees)  **\*Enclose “No Sales Tax Due Statement” from the Missouri Department of Revenue, liability insurance declaration for the business, and any licensing/credential documentation if no EIN provided.\***  Occupational License Fee is based on calendar or fiscal year \_\_\_/\_\_\_ through \_\_\_/\_\_\_  □ estimated or □ actual **Gross Receipts** (in **thousands** only) $ \_\_\_\_\_\_\_\_\_\_\_\_\_  As the owner of this business, I certify the Multiply by .40 \_\_\_\_\_\_\_\_\_\_\_\_\_  information provided in this statement is true. Application fee of $ 40.00 \_\_\_\_\_\_\_\_\_\_\_\_\_  Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Adjust for last year (+/-) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operating w/o license (10%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Operating w/o license (10%) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 2% monthly thereafter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **TOTAL:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  ------------------------------------------------------------------------------------------------------------------------------------------------  \*\*\*FOR VILLAGE USE ONLY\*\*\*  RE/PP tax paid □ Occ Lic. fee paid □ Liquor Lic. □ Tobacco Lic. □ Home Occ approved □  Date issued: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occ Lic. Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check No.: \_\_\_\_\_\_\_\_ Received by: \_\_\_\_\_\_\_\_\_\_  Approving Official Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |