

Village of Ferrelview

205 NW Heady Ave Ferrelview, MO 64163 Phone: (816) 464-5010 Fax (816) 464-2383

ANNUAL OCCUPATIONAL BUSINESS LICENSE APPLICATION 2026

EMAIL: VOF.CITYCLERK@GMAIL.COM

Application Type (Check ONE)	<input type="checkbox"/> New Application	<input type="checkbox"/> Renewal Application
Company Legal Name:		
DBA (Doing Business As) Name:		
Business Licensing Contact Name:		
Business Licensing Email Address:		

Company Physical Address:		
City:	State:	Zip:
Mailing Address (if different from above):		
City:	State:	Zip:
Business Telephone #:		
Business Email Address:		
<input type="checkbox"/> Business Located INSIDE City Limits		<input type="checkbox"/> Business Located OUTSIDE City Limits

Owner Name:		
Owner Address:		
City:	State:	Zip:
Telephone #:	Alt. Telephone #:	
Owner Email Address:		

ANNUAL FEE: \$100 MONTHLY FEE: \$35

The company and/or any officer of the company is not delinquent in any tax obligation owed to:

The Village of Ferrelview directly, through Platte County, or the State of Missouri.

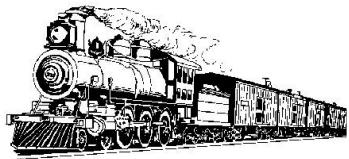
The Village of Ferrelview has the power to revoke or suspend any business license.

Additional Required Documents:

- a) Certificate of Liability Insurance with the Village of Ferrelview listed as the certificate holder
- b) Statement of "No Tax Due from the Missouri Department of Revenue or
- c) Notarized "No Tax Due" affidavit if the company does not remit sales tax to the State of Missouri

Signature

Date



Village of Ferrelview

205 NW Heady Ave Ferrelview, MO 64163 Phone: (816) 464-5010 Fax (816) 464-2383

ANNUAL OCCUPATIONAL BUSINESS LICENSE APPLICATION 2026
EMAIL: VOF.CITYCLERK@GMAIL.COM

NO TAX DUE AFFIDAVIT

State of _____ }
County of _____ }
 } SS

Comes now _____,

owner of the business known as

_____,

and being first duly sworn states that the said business does not sell retail merchandise, owe any payroll or any other tax due to the State of Missouri Department of Revenue or is exempted from collecting sales tax.

Signature _____

Subscribed and sworn before me this _____ day of _____, 20 _____.

(Notary Stamp)

Notary Public Signature: _____

Commission Expires: _____