

Village of Ferrelview

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

ANNUAL OCCUPATIONAL BUSINESS LICENSE APPLICATION 2025

Email: VOF.CITYCLERK@GMAIL.COM

LEGAL NAME	
DBA NAME	
MAILING ADDRESS	
PHYSICAL ADDRESS	
BUSINESS PHONE	
ADDITIONAL CONTACT	
EMAIL ADDRESS	

FEIN or SSN	
SALES TAX ID	
STATE ISSUED IN	

Names, Addresses & Phone Numbers of ALL Owners or Agents for Owner(s)	

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

I have received a copy of Ordinance 365 and agree to abide by the rules therein.

I understand my license is nontransferable.

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.

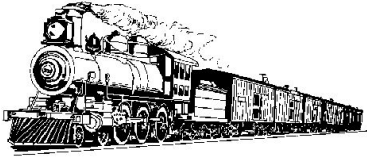
The Village of Ferrelview has the power to revoke or suspend any business license

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



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NO TAX DUE AFFIDAVIT

State of _____ }
 } SS
County of _____ }

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: _____