



Village of Claycomo

City Hall & Police Department
115 NE 69 Hwy
Claycomo, MO 64119
P: 816-452-5539

Fire Department
333 NE 69 Hwy
Claycomo, MO 64119
P: 816-452-4612



Non-Claycomo Based Business License Application Instructions

Checklist	Completed Application	State Retail License	No Tax Due Letter	Annual Gross Receipts	Cert. of Liability Insurance	Payment of all Fees
Sales						
Service		N/A	N/A	N/A		

On August 24th, 2020 and September 14th, 2020, the Village of Claycomo passed several ordinances that effect the application and issuance process of obtaining a Business License in the Village of Claycomo. Please note the following instructions as the process might have changed since you last applied.

It shall be unlawful for any person or the managing officer of any business, company, partnership, corporation, franchise or subsidiary, branch or division of any business, company, partnership, corporation or franchise to exercise, carry on or engage in, within the Village, any type of the business or merchant's activities defined herein without obtaining a license therefor from the Village and paying the license tax as herein provided.

Business Licenses are required for retail Sales, Services (including tenant rentals & childcare), Used Car Sales and Services. This includes businesses wanting to provide services within the Village of Claycomo.

The procedure for obtaining a Business License in the Village of Claycomo is as follows:

- 1) Submit completed Application with required attachments.
 - a. Missouri Retail Sales License (not required for services)
 - b. Proof that all taxes has been paid such as a “No tax due letter”.
 - c. Annual gross receipts or value of gross receipts (not required for services).
 - d. Certificate of Liability Insurance - minimum of one-million dollars (\$1,000,000) coverage.
 - e. Operational Permit supporting documentation (if applicable). This includes Hazardous Materials Information Sheet(s), Site Layout Map, Missouri Tier II (see Section #5).
- 2) Pay the required fee.
 - a. Service-related businesses = \$25
 - b. Retail sales related business = one hundredth of one (0.01) percent of annual gross receipts. (minimum of \$25)
 - c. Operational Permits = refer to chart.
- 3) Board approves Business License Application. Board meets on the 2nd or 4th Monday of each month. Completed applications need to be submitted by end of business on the Wednesday before a board meeting to be placed on the agenda. Your application may be approved, and will be pending all inspections have passed before it is issued.

The Application has four sections that need to be completed:

- 1) Business Information
- 2) Owner Information
- 3) Operational Permits
- 4) Acknowledgement

Instructions

Section #1

Business Information: Business name, previous license # (if applicable), need the physical location of the business and mailing addresses (if different), contact information and nature of business.



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Section #2

Owner Information: business owner and point of contact and their contact information.

Section #3

Operational Permits: Fill out any applicable Operational permits. There is a fill list of operational permits on our website. <https://claycomo.org/operational-permits>

Section #4

Acknowledgement: Signatures are placed here. All signatures are required.

Notes:



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Non-Claycomo Based Business License Application

Please refer to Business License Application Instructions to complete this form.

For Official Use Only		
App Rec'd:	Lic Iss'd Date:	License #:
Pymt Method:	Amt Pd:	

Checklist	Completed Application	State Retail License	No Tax Due Letter	Annual Gross Receipts	Cert. of Liability Insurance	Payment of all Fees
Sales						
Service		N/A	N/A	N/A		

Section #1 Business Information	
Name:	Previous License #:
Type of Business:	
Physical Address:	Mailing Address:
Phone:	Fax:
E-Mail Address:	Website:
Nature of Business:	

Section #2 Owner Information	
Business Owner Info	
Name:	Phone:
Address:	
E-Mail Address	
Point of Contact	
Name:	Phone:
Address:	
E-Mail Address:	

Section #3 Operational Permits	
Additional Information can be found at: https://claycomo.org/operational-permits	
Key: 1 = Hazardous Materials Listing*, 2 = Site Map** with Key, 3 = Missouri Tier II Registration	
Safety Data Sheets (SDS) formerly known as MSDS sheets are required to be on site and available for review by FD or employees.	
*Additional Material listing available on our website. www.claycomo.org/prevention	
**Site Map does not have to be to scale, but close approximation would be appreciated.	

Short Term/Temporary Operational Permits							
✓	Fee	Permit Name	REQS	✓	Fee	Permit Name	REQS
		Carnivals and fairs.	2			Open burning - Land clearing	
		Cutting and welding.				Outdoor assembly event.	2
		Exhibits and trade shows.			\$150	Pyrotechnic special effects material.	1, 2, 3
	\$150	Explosives.	1, 2, 3			Temporary membrane structures and tents.	



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Section #4 Acknowledgment and authorized signatures

I, the undersigned do hereby authorize the submittal of this application and associated documents and certify and affirm by my signature that all information I have provided herein is true and correct. I do hereby agree to abide by and comply with all applicable Claycomo Municipal Codes and conditions of approval.

I further understand that any violations from the provisions of said codes and conditions of approval shall constitute cause for the retraction of this permit, enforcement and penalties as prescribed by the Claycomo Codes shall be applied. I understand that this application is non-transferrable and that changes may require resubmittal of a new application. I understand that in any case, this application must be renewed annually.

Business Owner:

Signature: _____

Date: _____

Print Name: _____

Title: _____

Missouri House Bill 1549

Illegal aliens and Immigration Status Verification, requires that any business that knowingly employs an illegal alien will result in the suspension of a company's applicable local licenses, permits, or exemptions.

Signature of the applicant is required to attest to compliance of this bill.

Comes now _____, owner/legal representative of the business know as _____, and being duly sworn state said Missouri business or corporation does not employ illegal aliens and, furthermore, complies with all rules and regulations required in State of Missouri HB 1549.

Signature: _____

Date: _____

Print Name: _____

Title: _____

Workers Compensation Affidavit

(Complete only if exempt, otherwise submit proof of workers compensation liability.)

Comes now _____, owner/legal representative of the business know as _____, and being duly sworn state said Missouri business/or corporation is not required to have worker's compensation coverage pursuant to Chapter 287 of the Revised Statutes of Missouri.

Signature: _____

Date: _____

Print Name: _____

Title: _____