



# 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



## Claycomo Business License Application

New Business License \_\_\_\_\_  
 New # \_\_\_\_\_  
 License Renewal \_\_\_\_\_  
 Previous # \_\_\_\_\_

	Business License Application Filled out and Signed	Claycomo Taxes Must be paid	Retail Sales License Required	No Tax Due Letter	Proof of Annual Gross Receipts	License Fee	Certificate of Liability Insurance
<b>Claycomo Location/Storefront</b>							
Retail Sales	X	X	X	X	X	X	X
Service (Including Tenant Rentals & Child Care)	X	X				X	X
Used Car Sales Only	X	X	X		X	X	X
Used Car Sales & Service	X	X	X	X	X	X	X
<b>No Claycomo Location</b>							
Retail Sales	X		X	X	X	X	X
Service	X					X	X

Business Information			
<b>Name:</b>		<b>Occ ID (Office use):</b>	
<b>Type of Business:</b>			
<b>Physical Address:</b>		<b>Mailing Address:</b>	
<b>Phone:</b>	<b>Fax:</b>	<b>Date of Occupancy:</b>	
<b>E-Mail Address:</b>		<b>Website:</b>	
<b>Nature of Business:</b>			

Business Owner Info			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>E-Mail Address</b>			
Building Owner Info (Claycomo Locations)			
<b>Name:</b>		<b>Phone:</b>	
<b>Address:</b>			
<b>E-Mail Address:</b>			<b>Keys:</b> <input type="checkbox"/> YES

Alarm Service Providers (Claycomo Locations)			
<b>Security</b>	<b>Name:</b>	<b>Phone:</b>	
<b>Fire</b>	<b>Name:</b>	<b>Phone:</b>	

Emergency Contacts: Please list in calling order. (Claycomo Locations)			
Name	Title	Keys	[H]ome, [C]ell, [P]ager, [O]ther
		<input type="checkbox"/> YES [ ]	[ ]
		<input type="checkbox"/> YES [ ]	[ ]
		<input type="checkbox"/> YES [ ]	[ ]



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## Operational Permits

A property owner or owner's authorized agent who intends to conduct an operation or business, or install or modify systems and equipment that are regulated by the 2018 International Fire Code (IFC), or to cause any such work to be performed, shall first make application to the fire code official and obtain the required operational permit. An operational permit allows the applicant to conduct an operation or a business for which a permit is required by Section 105.6 of the IFC for either a prescribed period, or until renewed or revoked.

Indicate the permit(s) that you require. Definitions available online at [www.claycomo.org/prevention](http://www.claycomo.org/prevention)

Occupational Permit					
<input type="checkbox"/>	Aerosol products.	1	<input type="checkbox"/>	Liquid -or gas-fueled vehicles or equip in assembly building.	1, 2
<input type="checkbox"/>	Amusement buildings.	2	<input type="checkbox"/>	LP-gas.	1, 2
<input type="checkbox"/>	Aviation facilities.		<input type="checkbox"/>	Magnesium.	1, 2
<input type="checkbox"/>	Cellulose nitrate film.		<input type="checkbox"/>	Miscellaneous combustible storage.	
<input type="checkbox"/>	Combustible dust-producing operations.		<input type="checkbox"/>	Mobile food preparation vehicles.	
<input type="checkbox"/>	Combustible fibers.		<input type="checkbox"/>	Motor fuel-dispensing facilities.	1, 2, 3
<input type="checkbox"/>	Compressed gases.	1, 2	<input type="checkbox"/>	Open flames and candles.	
<input type="checkbox"/>	Covered and open mall buildings.		<input type="checkbox"/>	Organic coatings.	
<input type="checkbox"/>	Cryogenic fluids.	1, 2	<input type="checkbox"/>	Places of assembly.(including Churches & Restaurants)	2
<input type="checkbox"/>	Dry cleaning.		<input type="checkbox"/>	Plant extraction systems.	
<input type="checkbox"/>	Explosives.	1, 2, 3	<input type="checkbox"/>	Private fire hydrants.	
<input type="checkbox"/>	Fire hydrants and valves.		<input type="checkbox"/>	Pyroxylin plastics.	1, 2
<input type="checkbox"/>	Flammable and combustible liquids.	1, 2, 3	<input type="checkbox"/>	Refrigeration equipment.	
<input type="checkbox"/>	Fruit and crop ripening.		<input type="checkbox"/>	Repair garages and motor fuel-dispensing facilities.	1, 2, 3
<input type="checkbox"/>	Hazardous materials.	1, 2, 3	<input type="checkbox"/>	Rooftop heliports.	
<input type="checkbox"/>	HPM facilities	1, 2, 3	<input type="checkbox"/>	Spraying or dipping.	1, 2
<input type="checkbox"/>	High-piled storage.		<input type="checkbox"/>	Storage of scrap tires and tire byproducts.	
<input type="checkbox"/>	Hot work operations.	1,2	<input type="checkbox"/>	Tire-rebuilding plants.	
<input type="checkbox"/>	Industrial ovens.		<input type="checkbox"/>	Waste handling.	
<input type="checkbox"/>	Lumber yards and woodworking plants.		<input type="checkbox"/>	Wood products.	
Key: 1 = Hazardous Materials Listing*, 2 = Site Map** with Key, 3 = If applicable Missouri Tier II Registration (can be used in place of #1)					
Short Term/Temporary Operational Permits					
<input type="checkbox"/>	Carnivals and fairs.	2	<input type="checkbox"/>	Open burning - Recreational	
<input type="checkbox"/>	Cutting and welding.		<input type="checkbox"/>	Open flames and torches.	
<input type="checkbox"/>	Exhibits and trade shows.	2	<input type="checkbox"/>	Outdoor assembly event.	2
<input type="checkbox"/>	Floor Finishing		<input type="checkbox"/>	Pyrotechnic special effects material.	1, 2, 3
<input type="checkbox"/>	Fumigation and insecticidal fogging.		<input type="checkbox"/>	Temporary membrane structures and tents.	2
<input type="checkbox"/>	Open burning - Land clearing				

\* Hazardous Material listing available on our website. [www.Claycomo.org/prevention](http://www.Claycomo.org/prevention)

\*\*Safety Data Sheets (SDS) formerly known as MSDS sheets are required to be on site and available for review by FD or employees.

\*\*\*Site Map does not have to be to scale, but close approximation would be appreciated. Layout can be found on our Prevention page.



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## Acknowledgment and authorized signatures (both signatures required)

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: \_\_\_\_\_

### Property 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: \_\_\_\_\_