



CITY OF LIBERTY

Contractor/Craftsman Business License Application

Ph. (816) 439-4463 Fax (816) 439-4464
Website: www.libertymissouri.gov

Mail to: Finance Dept., City of Liberty
P. O. Box 159, Liberty, MO 64069

Check Applicable Box

<input type="checkbox"/> New [\$50 fee] <u>Checklist:</u> Δ Copy of General Liability and Worker's Compensation Insurance Certificates (note City of Liberty as Certificate Holder) Δ Copy of current Master* Craftsman Certification(s) <u>Liberty Based – Additional Items Needed:</u> Δ Clay County – Business Property Registration Δ Copy of Driver's License Δ Complete New Business Section (on reverse) <input type="checkbox"/> Home based – <u>must complete add'l checklist</u>	<input type="checkbox"/> Renewal [see Fee Schedule on back] <input type="checkbox"/> New Address <u>Checklist:</u> Δ Copy of General Liability and Worker's Compensation Insurance Certificates (note City of Liberty as Certificate Holder) Δ Copy of current Master* Craftsman Certification(s) Δ Liberty based businesses must provide Clay County PAID tax receipt
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Type of Business <input type="checkbox"/> General Contractor <input type="checkbox"/> Contractor with Craftsman Licenses (<i>additional fees apply</i>) <input type="checkbox"/> Service <input type="checkbox"/> _____	Entity Structure <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC or LLP <input type="checkbox"/> Corporation	Location <input type="checkbox"/> Commercial <input type="checkbox"/> Home Based Number of Employees: ____
Craftsman License(s) <small>Individuals named below as craftsmen have passed a proficiency test for the applicable trade with a 75% or better score OR hold a certificate of qualification from the City of Kansas City, Missouri for the master level equivalent for which application is being made.</small> Name of Craftsman*: Plumbing: _____ Electrical: _____ Mechanical: _____		

Business Name (DBA): _____ **Business Phone:** _____

Legal Name (if different from DBA): _____ **Email:** _____

Business Address: _____ **Mailing Address:** Same as Business Address

[license and correspondence will be sent to mailing address]

City/St: _____ Zip: _____ City/St: _____ Zip: _____

Owner*: _____ **Title:** _____ **Phone:** _____

*This is the name that will appear on the license

Local Contact: _____
[For Liberty-based businesses - if different from name above]

WORKER'S COMPENSATION EXEMPTION STATEMENT

I hereby certify that the business described in this application is exempt from the requirements of the Missouri Worker's Compensation Law and, therefore, per Section 287.061 RSMo, is not required to provide the city with a Certificate of Insurance but is signing this statement of exemption.

Signature: _____

***Note:**

Application must be signed by an owner or authorized agent of the business.

I hereby certify that all statements (see reverse) herein are true:

Signature: _____ **Title:** _____ **Date:** _____

For City Use Only	
See Fee Schedule (on reverse)	
Business License Fee 10.20.3052	
Craftsman License Fee 10.20.3051	
Penalty Fee 10.20.3052	
Other	
Total:	

[For City Use Only] License NO. _____	Date Issued: _____	Renewal Month: _____
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Fee Schedule

[Check all that Apply]

The business license fee is based on gross annual receipts, commissions or business in Liberty for the preceding 12 months.

City Business License (See City Code §§ 18-12 and 18-13)	
NEW Business	<input type="checkbox"/> \$ 50
If annual gross receipts in Liberty are between:	Annual Renewal Fee is:
<input type="checkbox"/> \$2,500 to \$100,000	<input type="checkbox"/> \$ 50
<input type="checkbox"/> \$100,001 to \$500,000	<input type="checkbox"/> \$ 150
<input type="checkbox"/> \$500,001 to \$1,000,000	<input type="checkbox"/> \$ 300
<input type="checkbox"/> \$1,000,001 to \$2,000,000	<input type="checkbox"/> \$ 450
<input type="checkbox"/> \$2,000,001 to \$3,000,000	<input type="checkbox"/> \$ 600
<input type="checkbox"/> \$ 3,000,001 to \$5,000,000	<input type="checkbox"/> \$ 750
<input type="checkbox"/> \$ 5,000,001 and over	<input type="checkbox"/> \$ 1,200

Craftsman License (See City Code § 6-6)		
Craftsman License	Initial Fee	Renewal Fee
One License	<input type="checkbox"/> \$ 90	<input type="checkbox"/> \$ 60
Two Licenses	<input type="checkbox"/> \$ 155	<input type="checkbox"/> \$ 90
Three Licenses	<input type="checkbox"/> \$ 185	<input type="checkbox"/> \$ 110

City Code Sec. 18-13.1 allows the City to examine business records relating to gross receipts, or commissions upon which fees are based.

<u>New Liberty Based Businesses – Complete:</u>	[for City use only]
<p>Name of shopping center / development where business is located: _____</p> <p>Building Permit Issued?: Yes or No</p> <p>If <u>No</u> – Describe what type of work/improvements were completed to prepare the space for the new business (e.g. new walls, electrical/plumbing work, new carpet/paint etc.): _____</p> <p><u>Fire Inspection:</u> Owner must contact the Fire Dept. at 816.439.4310 to request an inspection.</p> <p><u>Signage:</u> Owner must contact the Planning Dept. at 816.439.4530 regarding signage.</p>	<p><u>Approvals:</u></p> <p>Planning: _____ (legal use: y or n) _____</p> <p>Building: _____ (permit issued: y or n) (permit req'd: y or n)</p> <p>Comments: _____</p> <p style="text-align: right;">Return form to: Business Licensing, Finance Dept.</p>

General Information To Applicants

I hereby state the following:

- (1) that the above are true and accurate statements, and in accordance with valid city ordinances;
- (2) that this business will be conducted in compliance with all applicable Missouri state laws and Liberty city ordinances, including Section 30-80.1. of the City of Liberty Unified Development Ordinance, should this business be conducted as a home occupation in Liberty;
- (3) that all personal taxes due to the City of Liberty from the owner(s) of such business and all preceding merchant taxes for such businesses have been paid;
- (4) that the business will be operated in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement;
- (5) that, if the business ceases operating for any reason, all licenses will be immediately returned to the city clerk;
- (6) that, if there are changes or transfer of ownership, changes of address or changes in type of business conducted, the city clerk will be notified

All information provided is true and correct and provided under penalty of perjury. Signature REQUIRED on riverside side.