

**CITY OF INDEPENDENCE
BUSINESS LICENSE APPLICATION**

LICENSE FEES: AMUSEMENT DEVICES: SEE SCHEDULE OF FEES FOR CITY SERVICES

AUCTION: FEES ARE VARIABLE BY CLASSIFICATION (IMC 8-21). SEE CITY FEE SCHEDULE

SECONDHAND/JUNK DEALER: \$25 ANNUALLY

All other business licenses check with City Hall front desk for fee schedule and applications.

- | | |
|--|---|
| <input type="checkbox"/> Amusement (Device) | <input type="checkbox"/> Entertainment Business |
| <input type="checkbox"/> Auctions/Auctioneers - class: _____ | <input type="checkbox"/> OLCC Dispenser |
| <input type="checkbox"/> Secondhand/Junk Dealer | |

Upon submitting this application to the City Recorder, a police background investigation may be conducted. This form must be completed in legible handwriting or typed. Illegible applications may be rejected. Application **MUST** be signed.

Applicant Information:

Name (Last, First, Middle): _____

Address: _____

City: _____ State: _____ Zip Code _____

Home Phone: _____ Work Phone: _____ Cell phone: _____

Email: _____ Date of Birth: _____

Other Names Used (aka's, nicknames or maiden names): _____

Business Information:

Business Name: _____

Business Address: _____

City: _____ State: _____ Zip Code: _____

Federal ID Number: _____

Name, Date of Birth, Address, Phone of all Partners or Corporate Officers: _____

Products Being Sold: (list products and type of products being sold – If Auction, please submit an itemized list)

If renting or leasing building or property on which the business is located, please provide owner information & signature:

Owner Name: _____

Owner Mailing Address: _____

Owner Phone: _____ Owner Email: _____

Owner Signature: _____ Date: _____

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Entertainment Businesses:

w/Dance Floor: Regular closing time: _____ Public Dances: # of dances: _____
 Amusement Device(s)*: # of devices: _____ Cigarette Vending Machine: Quantity: _____
 Social Games:

* Pool table, billiard table, pinball machine, video game (shall include machines which are part of the operation of the State Lottery), jukebox, card room, card table, shuffleboard, digger/crane machine and any game of skill or chance.

Insurance/Bond Information:

Insurance Company: _____ Agent: _____
 Agent Phone Number: _____ Policy Number: _____
 Effective Date: _____ Expiration Date: _____

Professional References:

Company	Address	Name of Contact	Telephone Number
			()
			()
			()

I, the undersigned, do hereby give my consent to the City of Independence Police Department to conduct a reference check into the legitimacy of my business and, if applicable, a background investigation for the purpose of determining my qualifications to be granted a license. I do further authorize the release to the City of Independence and Independence Police Department all information pertaining to, but not limited to, my records needed in determining my granting of a business license. I do certify that all statements made here are true with the understanding that omissions of fact or misstatements on my part shall be cause for forfeiture of eligibility for a license.

Signature of Applicant

Date

RECOMMENDATIONS

Permit Approval: If approved, permit expires on: _____
 Permit Denial: Reason for Denial: _____

Chief of Police
(Licenses requiring the signature of the Chief of Police include Entertainment, Amusement & OLCC)

City Manager

Date