DATE REC’D\_\_\_\_\_\_\_\_ **County of Adair and City of Kirksville**

RECEIPT #\_\_\_\_\_\_\_\_\_\_ **Business License Application**

City of Kirksville

201 S Franklin St

Kirksville, MO 63501

Phone (660) 627-1251

Fax (660) 665-0940

Email: sanderson@kirksvillecity.com

ID #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of application\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Legal Name of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DBA (Doing Business As) Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physical Address-Location of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Owner\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number of Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact E-mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Opening Date of Business\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type of Business: \_\_\_\_\_Sole Proprietor \_\_\_\_\_Partnership \_\_\_\_\_Corporation \_\_\_\_\_Other

Nature of Business (describe in detail):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Will you be doing any plumbing work? \_\_\_\_\_Yes \_\_\_\_\_No

Will you be doing any electrical work? \_\_\_\_\_Yes \_\_\_\_\_No

Will you be doing any excavating work? \_\_\_\_\_Yes \_\_\_\_\_No

Will you be working in the right-of-way? \_\_\_\_\_Yes \_\_\_\_\_No

**There will be testing required for ALL new contractors, plumbers, and electricians. Please contact the Codes Department at (660) 627-1272 to schedule testing or if you have any questions. You must complete the testing before any license will be issued.**

Is Business a Home Occupation?: \_\_\_\_\_Yes \_\_\_\_\_No

Is food to be served or sold on premises?: \_\_\_\_\_Yes \_\_\_\_\_No

Is alcohol to be served or sold on premises?: \_\_\_\_\_Yes \_\_\_\_\_No

Have you been issued a business license previously in Kirksville? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

Have you had a business license previously revoked? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, explain in detail.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you have any outstanding debt or taxes owed to the City of Kirksville? \_\_\_\_\_\_Yes \_\_\_\_\_\_No

If yes, explain in detail.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Affidavit, State of Missouri, County of Adair**

I state that I am the Applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct or false statement. If the business ceases operation or the license is suspended or revoked, all licenses will be returned to the City Business License Clerk. If there is any change in ownership, address or type of business, the City Business License Clerk will be notified.

Applicant’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Subscribed and Sworn to, before me, this\_\_\_\_\_\_\_\_\_\_\_ day of\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Seal) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Attention:  **All Plumbers and Contractors**  **Bond or Insurance Requirements**  All Plumbers and Contractors who do work in or on the City’s Public right-of-ways must provide the City Business License Clerk with one of the following:   * $1,000 Performance Bond, or * A Certificate of Insurance showing proof of general liability coverage in the amount of $25,000 or more.   Proof Provided: \_\_\_\_\_\_Yes \_\_\_\_\_\_ No, why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Attention:  **All Businesses**  **Workers’ Compensation Insurance Requirements**  According to Section 287.030.1(3) of the Revised Statutes of Missouri [RSMo], an employer is:   * Any employer with five (5) or more employees; or * Any construction industry employer who erects, demolishes, alters, or repairs improvements with one(1) or more employees.   Pursuant to Section 287.061.1 of the Revised Statutes of Missouri [RSMo], any employer who falls into either of the above categories must provide a CERTIFICATE of INSURANCE to the City in which an occupational or business license is to be obtained. \_\_\_\_\_\_\_\_ Applicable \_\_\_\_\_\_\_\_ Not Applicable  Workers’ Compensation Carrier:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Effective Date: From \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ To \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| --- | --- | --- | --- | --- | --- | --- |
| Attention:  **All Businesses**  **County Tax Assessment Requirements**  **\*For ANY Business located in Adair County\***  All NEW business license applicants with a location in Kirksville/Adair County are required to furnish proof of assessment/registration from the Adair County Assessor’s Office prior to license being issued. The waiver that is obtained must be in the business name.  Please direct all questions to: Adair County Assessor, Donnie Waybill  Adair County Courthouse, 2nd Floor  Kirksville, MO 63501  Phone (660) 665-4423 Fax (660) 785-3212 | | | | | | |
|  | | | | | | |
| Attention:  **All Businesses**  **Missouri State Sales Tax Certificate and No Tax Due Statement** (if applicable) MUST be attached to this application.  Missouri State Sales Tax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | |
|  | | | | | | |
| **Internal Use Only** | | | | | | |
| **Department** | **Date** | **Approved?** | | | **Tests Taken-Yes or No Pass/Fail?** | **Signature** |
| Fire/Life Safety |  | Yes | No\* | N/A |  |  |
| Zoning Location (Planning & Zoning) |  | Yes | No\* | N/A |  |  |
| Codes |  | Yes | No\* | N/A |  |  |
| Health Code Issues (Food Service Facility) |  | Yes | No\* | N/A |  |  |
| Police Investigation  (Firearms, Alcohol, or Pawn sales Only) |  | Yes | No\* | N/A |  |  |
| County Assessment Completed |  | Yes | No\* | N/A |  |  |
| Copy to Codes Department |  | Yes | No\* | N/A |  |  |
| Gross Receipts Required |  | Yes | No\* | N/A |  |  |
| Previous Unpaid Obligations |  | Yes | No\* | N/A |  |  |
| License type(s) assigned to this business : | | | | | | |

\_\_\_\_\_\_\_City Fee \_\_\_\_\_\_\_County Fee \_\_\_\_\_\_\_Plumbers Fee \_\_\_\_\_\_\_Electrician Fee \_\_\_\_\_\_\_Processing Fee \_\_\_\_\_\_\_**\_\_\_Total Due**

**EXISTING AND NEW BUSINESS IN KIRKSVILLE**

**INSPECTION GUIDELINES**

Fire and Code Inspectors look at many items in your place of business. So that you may have a better idea and understanding of what to keep an eye on in regard to maintenance, we have provided the following list. Firefighters do semi-annual inspections to maintain the ISO rating, which the City of Kirksville currently is at a Class 4 rating on a scale of 1-10, 1 being the best. Insurance companies use the ISO rating to determine what your insurance premium will be for your business.

The following items are what we check for when the Fire Department does existing inspections and new inspections.

1. EXITS

* Door and exit aisles not obstructed.
* Proper lock/hardware on exit door. (No flush bolts, hasps, bars, etc. when opened for business)
* Exit doors open easily.
* All exit doors must remain unlocked during business hours.
* Illuminated exit signs maintained in working order.
* Means of egress shall be kept clear.
* Emergency lights maintained and in working order.
* Doors with panic hardware shall have no other locking devices used during business hours.

B. EXTINGUISHERS/FIRE PROTECTION EQUIPMENT

* Minimum 2A-10BC extinguisher(s) with no more than 75 feet in travel distance.
* Special Occupancy may require different types/numbers of extinguishers. Contact the Kirksville Fire Department with questions. (660) 665-3734
* Extinguishers have been serviced within the past year and a new service tag is attached (exception is the purchase of a new one each year with receipt).
* Extinguisher is securely mounted or in an approved cabinet not to exceed 5’ from floor to top of extinguisher head.
* Fire extinguisher is not obstructed from access and view.
* Standpipe system shall be tested every 5 years.
* Hood extinguishing system maintained, and six month service and cleaning documented.
* Class K extinguisher installed within 30’ of hood and duct system.
* Fire alarm system in proper working order-system tested annually and records kept.
* 18” clearance between storage and sprinkler heads.
* Sprinkler system shall be maintained and tested annually.
* Private hydrants (painted red) maintained/flushed.

C. ELECTRICAL

* No extension cords in use in place of permanent wiring and no spliced/frayed cords used.
* Spacer(s) in electrical panel gap(s) in place and circuit breakers labeled.
* Electrical panel is not overloaded/obstructed: with 30” clearance maintained in front of panel box.
* No broken or faulty switches/outlets.
* No multi-plug adapters in use, other than approved power strips.
* Electrical cords do not extend through walls, ceilings and floors or under doors and floor coverings.
* No missing/broken electrical cover plate(s).

D. STORAGE/COMBUSTIBLE MATERIAL/HOUSEKEEPING

* Flammable liquid properly stored. No propane stored in building other than for retail sales with no valves attached.
* Oil rags in non-combustible container with lid.
* “NO SMOKING” signs when required.
* No combustible material stored near ignition sources and no excessive accumulation of combustible materials.
* Maintain clear and visible access to and around fire department connections. (Standpipes, Sprinklers)
* Compressed gas cylinders secured and chained.
* No storage shall be kept in exit stairways.
* Area around building kept free of combustible materials (trash, weeds, etc).
* Address numbers shall be posted in contrasting colors on front of business.

NOTE: This list is a general guideline only for common violations. If you have any questions, contact the following:

City of Kirksville Codes Department: (660) 627-1272

Kirksville Fire Department: (660) 665-3734