

**CITY OF GRAIN VALLEY, MISSOURI**  
**2013-2014 OCCUPATIONAL LICENSE APPLICATION**  
**Hotel/Motel**

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Payment Type

[ ] Cash [ ] Money Order [ ] Check # \_\_\_\_\_ [ ] Debit Card [ ] MasterCard [ ] Visa [ ] Discover  
Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV# (last 3 #s on back of Card) \_\_\_\_\_  
Signature: \_\_\_\_\_

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*Instructions: Applicant must fill out all sections of this form. Please read all conditions before signing and dating application.*

**TYPE OR PRINT CLEARLY IN BLUE OR BLACK INK**

*Application Due July 1<sup>st</sup>*

*Issued License Expires June 30<sup>th</sup>*

**Application Fee is \$25.00 Plus \$10.00 for Each Room**

**\*FEES ARE NOT PRORATED & ARE DUE AT APPLICATION SUBMISSION**

*(5% late fee applied July 16<sup>th</sup> & each month after up to 25% of full application fee)*

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**SECTION ONE: General Information**

Date: \_\_\_\_\_ Renewal: [ ] Yes [ ] No Transfer or Extension: [ ] Yes [ ] No  
NAICS Code: \_\_\_\_\_  
MO Sales Tax ID Number: \_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_  
(Required if your business includes Retail Sales)

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**SECTION TWO: Business Information**

Business Name: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Business Location Address: \_\_\_\_\_  
Business Mailing Address: \_\_\_\_\_  
Nature/Type of Business: \_\_\_\_\_  
Total # of Employees: \_\_\_\_\_ # of Local Employees: \_\_\_\_\_ Business Location Size (Sq. Ft.): \_\_\_\_\_  
Number of Rooms: \_\_\_\_\_

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**SECTION THREE: Owner/Operator Information**

Owner/Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)  
Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Owner/Operator Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
(Street or P.O. Box) (City) (State) (Zip Code)  
Telephone #: \_\_\_\_\_ Mobile #: \_\_\_\_\_ Fax #: \_\_\_\_\_  
Email Address: \_\_\_\_\_

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**SECTION FOUR: Insurance Information**

Proof of Worker's Compensation Insurance Attached:  Yes No  Explain: \_\_\_\_\_  
*\*Only applies to businesses with five (5) or more employees per RSMo §287.030(3)*

**SECTION FIVE: Verification**

*The undersigned understands & agrees that occupational license must be renewed by July 1<sup>st</sup> of each year. The undersigned agrees to make all corrections required by the City prior to opening for business each year. Undersigned also agrees to maintain the property in accordance with all applicable laws & ordinances of the City, County & State. Per Section 605.180 of the Grain Valley Municipal Code, false statements on this application will result in a fine and revocation of said license by the Board of Aldermen of the City of Grain Valley.*

\_\_\_\_\_  
 Signature of Business Owner/Operator

\_\_\_\_\_  
 Printed Name of Business Owner/Operator

\_\_\_\_\_  
 Date

FOR CITY USE ONLY

APPROVED  DENIED  NOT APPLICABLE  APPROVED  DENIED  NOT APPLICABLE

\_\_\_\_\_  
 Planning Official

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Building Official

\_\_\_\_\_  
 Date

Application Fee:  Yes  No  
 \$10 per room x \_\_\_\_\_ = \$ \_\_\_\_\_

Total Amount Paid \$ \_\_\_\_\_

Late Fee:  Yes: Amount: \_\_\_\_\_

License # \_\_\_\_\_

VERIFIED

\_\_\_\_\_  
 City Clerk or Designee

\_\_\_\_\_  
 Date

