



CITY OF UNION
 10 E. Locust Street • Union, MO 63084 • Ph (636) 583-3600 • commdev@unionmissouri.gov

BUSINESS LICENSE APPLICATION

Business Licenses are Renewable Yearly by May 1st

APPLICATION FEE:
\$50 (5/1-11/14)
\$25 (11/15-3/15)
 Make Checks Payable
 to: "City of Union"

It is the business owner's responsibility to notify the City Community Development Department immediately if there are any changes to the business entity from the information submitted on this application. Business licenses are paid for the period May 1st through April 30th. It is the business owner's responsibility to renew the business license each year by May 1st, whether they receive a renewal form or not.

PLEASE TYPE OR PRINT CLEARLY:

Business Name (DBA): _____

Business Location: *(Cannot be P.O. Box)*
 Street: _____ City: _____ State: _____ Zip code: _____

Mailing Address: (If different than Business Location)

Attention _____
 Address: _____ City: _____ State: _____ Zip code: _____

Business Phone: _____ Email Address: _____
(Providing an e-mail address allows for ease of communication between City and business)

Type of Business: *(Check the one category that best describes your business)*

<input type="checkbox"/> Construction	<input type="checkbox"/> Retail	<input type="checkbox"/> Transportation and Public Utilities
<input type="checkbox"/> Manufacturing	<input type="checkbox"/> Wholesale	<input type="checkbox"/> Accommodations and Foodservices
<input type="checkbox"/> Finance/Insurance/Real Estate	<input type="checkbox"/> Service	<input type="checkbox"/> Agriculture/Forestry/Fishing
<input type="checkbox"/> Health Care and Social Assistance	<input type="checkbox"/> Mining	<input type="checkbox"/> Arts/Entertainment/Recreation

Description of Business: _____

Federal Taxpayer ID# _____ Missouri Sales Tax I.D.# _____
(Attach copy of license)

Number of Employees *(Only if business is located within Union city limits)* Full Time _____ Part Time _____

LEGAL NAME OF OWNER(S): (Attach additional sheet, if necessary)

Corporation / LLC Name: _____

Owner's Name	Home/Cell #
Home Address	

OTHER CONTACT INFORMATION:

Business Manager's Name (if different than owner): _____

SIGNATURE

I, THE UNDERSIGNED, UNDERSTAND THAT: **(1)** IT IS UNLAWFUL FOR ANY PERSON TO TRANSACT OR CONDUCT ANY BUSINESS WITHOUT FIRST HAVING OBTAINED A BUSINESS LICENSE; **(2)** THIS DOCUMENT IS AN APPLICATION ONLY AND CERTAIN CONDITIONS MUST BE MET BEFORE A BUSINESS LICENSE WILL BE ISSUED TO ME; **(3)** I CERTIFY THE INFORMATION SUBMITTED ON AND WITH THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

 SIGNATURE OF APPLICANT DATE

CITY OF UNION CERTIFICATIONS - DO NOT WRITE BELOW THIS LINE

Zoning Compliance	Zoning District:	Building Inspector	NA – Not in City Limits or Home Occupation	Chief of Police	Child Related?
Signature:		Signature:		Signature:	
Date:		Date:		Date:	

LICENSE #	IN-CODE ENTRY DATE	CHECKLIST					ISSUE DATE
		MO SOS	WC Ins.	Sales Tax	UFPD Occ. Permit	Health Dept.	



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BUSINESS LICENSE INSTRUCTIONS

In accordance with Ordinance #3442, no person, partnership, or corporation shall engage in any occupation, business, or calling, including building contractors and subcontractors of all types, unless he shall first obtain a license to conduct said business. This shall include any retail, wholesale, or manufacturer selling goods or services to the community as a whole or to other businesses as well as professional occupations except those occupations, which are specifically excluded by virtue of RSMo 71.620. A copy of Ordinance #3442 may be obtained by request. Applicants shall pay a non-refundable \$50 fee. Any business which begins operation on or after November 15th shall be charged a fee of 50% of the annual license fee. Annual renewal of licenses will be \$50.00. Any person operating without a license is guilty of an ordinance violation punishable by fine. Multiple locations require multiple licenses.

GENERAL INSTRUCTIONS:

1. License application fee is \$50.00. Checks should be made payable to "City of Union". Acceptance of a license fee does not constitute approval of a business license. Authorization to conduct business is not granted until issuance of license.
2. The City of Union Building Department must certify that the Business meets City Zoning and Building Codes. Your location may require a physical inspection prior to certification.
3. If the nature of your business is "child-related" as designated by the Union Police Department, background check(s) must be performed in accordance with the Union Code of Ordinances.
4. If you maintain a physical location in Union, your business license will not be issued without a copy of your Fire Code Occupancy Permit. To obtain this permit, contact the Union Fire Marshall at 636-583-2515. The Union Fire Marshall's office is located at 1401 W. Springfield Ave. in Union.
5. If you are a contractor in the construction industry, you must supply a current Certificate of Insurance showing Workers Compensation coverage --or -- A completed notarized Affidavit of Exemption. This form WC-134 is available from the Missouri Department of Labor and Industrial Relations, Division of Workers Compensation, 573-731-4231, www.dolir.mo.gov.
6. If you sell at retail, you are required to submit a copy of your State of Missouri Sales Tax License. This may be obtained at the Missouri Department of Revenue 573-751-5860, <http://dor.mo.gov/>.
7. Any business that requires Franklin County Department of Health inspection, i.e. Food Services, Accommodations, Child Care Facilities, etc. must supply a copy of their applicable license and/or inspection report.
8. If you are operating a "taxicab" you must supply proof of insurance per the requirements set forth in Section 620.020 of the Union Code of Ordinances.

APPLICATION INSTRUCTIONS:

Business Name (DBA): Name of business, or (Doing Business As). Names over 30 characters in length will be abbreviated on the actual business license issued. The business name must be registered with the Missouri Secretary of State.

Business Location: Property address within Union city limits. Do not enter a PO Box. If you are a contractor, your property location will be listed as "CITY OF UNION OPER" on your business license.

Mail Address: Mailing address only if different than your property address. You should include the name of the person responsible for licensing your business if different than the owner.

Business Phone: Phone numbers of your place of business.

Email Address: Email for purpose of reminders and notices regarding your business license.

Website Address: Your website address may be shared in an online directory of City of Union businesses.

Nature of Business: Concise description of your business activities (will be included on your license). **Type of Business:** The categories listed are in accordance with Industry classifications in the NAICS code.

Federal Taxpayer ID#: List your 9-digit Federal Taxpayer ID#. THIS IS NOT YOUR SOCIAL SECURITY #.

Missouri Sales Tax I.D. #: If you are a retailer, you MUST enter your Missouri Sales Tax ID# and supply a copy of your Missouri Sales Tax License.

Number of Employees: This information assists the City of Union Economic Development department in analyzing demographics.

Legal Name of Owners: If a Corporation or Partnership you may attach a copy of your current Annual Registration with the Missouri Secretary of State's Office.

Business Manager's Name: List the name of the person managing the business at the Union location if different than the owner.

CONTACTS:

Community Development (City Hall) • 636-583-3600
or email commdev@unionmissouri.gov
Building Department (City Hall, west entrance) • 636-583-1805
Union Police Department, 119 S. Church Street • 636-583-3700

Union Fire Marshall, 1401 W. Springfield Ave • 636-583-2515
Missouri Department of Revenue • 573-751-5860
Franklin County Dept of Health, 414 E. Main St • 636-583-7300

Thank you for doing business in the City of Union!