



City of Belton, Missouri
 506 Main Street – Belton, MO 64012
 P 816.331.4331 • F 816.322.4620

Fees

License Year 2020-21

- License fee \$20

License fees are not prorated. City licenses expire June 30 of each year.



Home Daycare/Childcare Business License Application (please type or print)

*Reminder – A business may NOT operate until a business license is approved.
 Please allow 3-5 days for license processing.*

This application is intended for use by home-based daycare/childcare businesses located within Belton city limits.

Business Information

Business Name _____ DBA Name (if different) _____

Full Street Address (No PO Boxes) _____ Belton MO 64012

Full Mailing Address (if different) _____ Phone Number _____

Email _____ Description of Type of Business Home Daycare/Childcare

How many children do you care for? _____

Yes / No Does this business have employees (not counting owner)? If yes, please explain. _____
 (Home businesses may only employ those who occupy the dwelling as their principal place of residence.)

Yes / No Is this business state licensed? If yes, attach a copy of your state license. (If you are caring for more than 4 children, state licensure is required.)

Yes / No Does this business do retail sales within the City limits of Belton? If yes, attach a Certificate of No Tax Due from MoDOR dated within the past 90 days showing the City of Belton. **Retail Sales Tax #** _____

Yes / No Is this business a nonprofit? If yes, for **New Applications Only**, attach IRS form showing status. Nonprofits are exempt from license fee.

Yes / No Is this business producing or distributing food? If yes, for **New Applications Only**, attach a Cass County health permit or exemption letter.

Ownership Information

- Sole Proprietor (complete section A) Partnership (complete section B) Corporation / LLC (complete section C) Other _____

Section A – Sole Proprietor **A single-member LLC should fill out section C**

Owner's Name _____ Home Address _____
 (if different than above) City/St/Zip _____

Cell phone _____ Email _____ EIN# or SS# _____

Yes / No Is the owner a U.S. citizen? If no, please provide employment authorization document _____

- New Applications Only**, attach the owner's valid U.S. driver's license or U.S. passport.
 If the owner lives inside Belton city limits, attach the previous year's personal property tax receipt **OR** a letter of non-assessment from Cass County.

Section B – Partnership **A limited partnership (LP) should fill out section C**

#1 Owner's Name _____ Home Address _____
 (if different than above) City/St/Zip _____

Cell phone _____ Email _____ EIN# or SS# _____

Yes / No Is the owner a U.S. citizen? If no, please provide employment authorization document _____

- New Applications Only**, attach owner #1's valid U.S. driver's license or U.S. passport.
 If owner #1 lives inside Belton city limits, attach the previous year's personal property tax receipt **OR** a letter of non-assessment from Cass County.

#2 Owner's Name _____ Home Address _____
 (if different than above) City/St/Zip _____

Cell phone _____ Email _____ EIN# or SS# _____

Yes / No Is the owner a U.S. citizen? If no, please provide employment authorization document _____

- New Applications Only**, attach owner #2's valid U.S. driver's license or U.S. passport.
 If owner #2 lives inside Belton city limits, attach the previous year's personal property tax receipt **OR** a letter of non-assessment from Cass County.

Office Use Only

Approved by _____ Date _____

Cigarette License # BL / BR _____

Business License # BL / BR _____

Fee \$ _____ / Exempt TIF? _____

Fee \$ _____

5/2020

Section C – Corporation or LLC (Circle one)

New Applications Only, attach a Certificate of Good Standing from the Missouri Secretary of State (Inc.) or a Certificate of Authority (LLC).

EIN# _____

Please list principal officers/members (e.g., President, VP, Secretary) OR you may attach your Missouri Secretary of State Registration form showing officers/members/positions.

1. Name _____ Position _____

2. Name _____ Position _____

3. Name _____ Position _____

4. Name _____ Position _____

Name of local emergency contact (KC Metro area) for a business physically located in Belton _____

Position _____ Home Address _____

Cell Phone _____ Email _____

Additional Information for ALL BUSINESSES

Yes / No Do you or your corporate business entity run a business in another location? If yes, please provide location information.

Yes / No Have you or your corporate business entity ever had a business license revoked, suspended, or denied? If yes, please explain.

Yes / No Are you or any of your corporate business entity officers currently under investigation or have outstanding warrants? If yes, please explain.

By signing my name below, I hereby certify I am a legal U.S. citizen or I am legally authorized to work in the U.S. I certify the business described in this application does not employ any illegal aliens. I certify the business or occupation I intend to pursue under the authority of the license for which I am applying does not violate or otherwise conflict with existing laws of the State of Missouri or ordinances of the City of Belton. I hereby state the information contained herein is true, correct, and complete to the best of my knowledge. I authorize the city, its agents, and employees to seek information and conduct an investigation into the truth of the statements set forth in the application. I also acknowledge that this is only an application and is not approval for me to operate a business within the City of Belton, Missouri.

Please note: this application must be fully completed & legible before it will be processed.

Signature of Owner or Agent

Printed Name

Position

Date