



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

Fees	License Year 2020-21
<ul style="list-style-type: none"> • License fee \$70 Fire and building inspections are required for initial licensing of physical commercial business sites located in Belton city limits. Inspection fee \$50.	
License fees are not prorated. City licenses expire June 30 of each year.	



Massage Therapy Facility 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.*

Massage therapists may only perform massage therapy at a location duly licensed as a massage therapy business by the state and city. (RSMO 324; CSR 2197)

Business Information

Business Name _____ DBA Name (if different) _____

Full Street Address (No PO Boxes) _____ Number of Employees _____
City/St/Zip (not counting owners)

Full Mailing Address (if different) _____ Business Phone Number _____
City/St/Zip

Email _____ Description of Type of Business Massage Therapy

- 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 or 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 Massage Therapy Businesses

Yes / No Do you or your corporate business entity currently own other massage therapy businesses? If yes, please provide location information.

Yes / No Have you or your corporate business entity previously owned massage therapy businesses? If yes, please provide location information.

Yes / No Is your or your corporate business entity's Missouri massage therapy license currently under investigation? If yes, please explain.

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

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

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

Attach the current Missouri massage therapy business license.

Attach the massage therapy business general liability insurance.

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 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.

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