



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

Mobile Vending License Application (please type or print)

Fees	License Year 2022-23
<ul style="list-style-type: none"> License fee \$70 	
License fees are not prorated. City licenses expire June 30 of each year.	

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

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 Mobile Vending

- 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. (RSMo 144.083) **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, attach a picture of the current Cass County health permit for the mobile unit or provide an exemption letter.

Ownership Information Sole Proprietor General Partnership Corporation or LLC Other _____
(complete section A) (complete section B) (complete section C)

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# _____

New Applications Only, attach the owner's valid driver's license or state-issued ID.

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 – General 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# _____

New Applications Only, attach owner #1's valid driver's license or state-issued ID.

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# _____

New Applications Only, attach owner #2's valid driver's license or state-issued ID.

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 _____

Business License # BL / BR _____ Fee \$ _____ / Exempt

4/2022

Section C – Corporation or LLC

EIN# _____

New Applications Only, attach registration with the Missouri Secretary of State (RSMo Chapter 347; Chapter 351)

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

- If the mobile vendor is required to have a Heart of America Fire Prevention permit, attach a picture of the current permit.
- Please indicate you will comply with the parking and operating regulations found in Chapter 6, Article XXII. (A copy of this article is available upon request)

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. (city/state)

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

By signing my name below, 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 certify 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 investigate 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
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Wanting to pay online? Please contact the City Clerk’s Office 816.331.4331 or cityclerk@belton.org

Questions? Need additional assistance? Please contact the City Clerk’s Office 816.331.4331 or cityclerk@belton.org