

City of Belton, Missouri

520 Main Street – Belton, MO 64012 P 816.331.4331 <u>cityclerk@belton.org</u>

Solid Waste/Recyclable Materials/Yard Waste 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.

Fees

License Year 2023-24

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.



Business i tuille		DBA Name (if different)
Full Street Address (No PO	Boxes)	Number of Employees (not counting owners)
		City/St/Zip Business (not counting owners)
Full Mailing Address (if diff	ferent)	Business Phone Number
Email		
		o solid waste (please circle residential or commercial)
		o recycling (please circle residential or commercial)
		o yard waste (please circle residential or commercial)
		o roll-off service (please circle residential or commercial)
		n the city limits of Belton? If yes, attach a Certificate of No Tax Due from (RSMo 144.083) Retail Sales Tax #
Yes / No Is this business exempt from lie		New Applications Only, attach IRS form showing status. Nonprofits are
Ownership Information	Sole Proprietor (complete section A)	☐ Partnership ☐ Corporation or LLC ☐ Other ☐ Complete section B) (complete section C)
Section A – Sole Propriet	or A single-member	er LLC should fill out section C
Owner's Name		
Owner's Name		Home Address (if different than above) City/St/Zip
		Home Address (if different than above) City/St/Zip
Cell phone	Email	Home Address (if different than above) City/St/Zip
Cell phone	Emailach the owner's valid driver's	Home Address (if different than above) City/St/Zip EIN# or SS#
Cell phone	Emailach the owner's valid driver's	Home Address (if different than above) EIN# or SS# license or other valid government-issued ID (passport, state-issued ID card, military ID).
Cell phone	Emailach the owner's valid driver's con city limits, attach the previ	Home Address (if different than above) EIN# or SS# license or other valid government-issued ID (passport, state-issued ID card, military ID). lious year's personal property tax receipt OR a letter of non-assessment from Cass County.
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Cell phone Attached Belt If the owner lives inside Belt Section B - Partnership	Email Email ach the owner's valid driver's con city limits, attach the previous A limited partners.	Home Address (if different than above) EIN# or SS# license or other valid government-issued ID (passport, state-issued ID card, military ID). ious year's personal property tax receipt OR a letter of non-assessment from Cass County. ership (LP) should fill out section C Home Address
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Section C – Corporation or LLC For all LLC, INC, and LP
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) <u>OR</u> 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 Solid Waste / Recyclable Materials / Yard Waste Haulers
How many solid waste transportation vehicles will be in operation in the City limits of Belton, if applicable?
How many recyclable materials transportation vehicles will be in operation in the City limits of Belton, if applicable?
How many yard waste transportation vehicles will be in operation in the City limits of Belton, if applicable?
Please provide the location (address) of the solid waste processing and/or disposal facility to be used, if applicable.
Please provide the location (address) of the recyclable materials processing and/or disposal facility to be used, if applicable.
Please provide the location (address) of the yard waste processing and/or disposal facility to be used, if applicable.
Attach the hauler general liability insurance certificate showing business coverage and vehicle coverage and showing the city as a certificate holder.
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

Wanting to pay online? Send a completed application packet and a payment link will be emailed to you. Questions? Need additional assistance? Please contact the City Clerk's Office 816.331.4331 or cityclerk@belton.org