



City of Belton, Missouri
 520 Main Street – Belton, MO 64012
 P 816.331.4331 cityclerk@belton.org

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.



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.*

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. (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, 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# _____

New Applications Only, attach the owner's valid driver's license or other valid government-issued ID (passport, state-issued ID card, military 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 – 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 other valid government-issued ID (passport, state-issued ID card, military 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 other valid government-issued ID (passport, state-issued ID card, military 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 TIF? _____ 4/2023

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) 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 another massage therapy business? If yes, please provide location information. _____ (city/state)

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

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. _____

- Attach the current Missouri massage therapy business license.
- Attach the massage therapy business general liability insurance.

Additional Information for ALL BUSINESSES

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