

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,	<mark>and LP</mark>	
EIN#		Applications Only, attach registration apter 347; Chapter 351)	with the Missouri Secretary of State
Please list principal officers/members (eshowing officers/members/positions.	e.g., President, VP, Secretary)	OR you may attach your Missour	i Secretary of State Registration form
1. Name	Position		
2. Name			
3. Name	Position		
4. Name	Position		
Name of local emergency contact (KC	C Metro area) for a business	physically located in Belton _	
Position			
Cell Phone			
Additional Information for Solid			
How many solid waste transportation ve	chicles will be in operation in t	he City limits of Belton, if applic	able?
How many recyclable materials transpor	rtation vehicles will be in oper	ation in the City limits of Belton,	if applicable?
How many yard waste transportation ve	hicles will be in operation in t	ne City limits of Belton, if applica	able?
Please provide the location (address) of			
(address) of			аррисанс
Please provide the location (address) of	the recyclable materials proce	ssing and/or disposal facility to be	e 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 is	nsurance certificate showing b	usiness coverage and vehicle cov	erage.
Additional Information for ALL 1	<u>BUSINESSES</u>		
Yes / No Do you or your corporate bu	siness entity run a business in	another location? If yes, please pr	ovide location information. (city/state)
Yes / No Have you or your corporate	business entity ever had a bus	iness license revoked, suspended,	or denied? If yes, please explain.
By signing my name below, I certify the occupation I intend to pursue under the laws of the State of Missouri or ordinance best of my knowledge. I authorize the cithe application. I also acknowledge that Missouri.	e authority of the license for w ces of the City of Belton. I cert ity, its agents, and employees to t this is only an application and	hich I am applying does not viol ify the information contained here o seek information and investigated is not approval for me to operat	ate or otherwise conflict with existing ein is true, correct, and complete to the e the truth of the statements set forth in
Please note: this application must be <u>fi</u>	<u>uty completed & legible</u> befor	e it will be processed.	
Signature of Owner or Agent	Printed Name	Position	Date
Wanting to pay online? Send a c	ompleted application pac	ket 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