



Welcome! We are delighted that you have chosen Richmond to conduct your business.

To start or operate a business in Richmond, you will need to obtain an Occupational License. Additional permits or licenses may be required, depending on the type of business you plan to operate and/or the business location. Please submit a completed application to our office in person, mail, or e-mail.

Attach and provide copies of all applicable documents according to your business.

Incomplete applications will be returned.

- Current Certificate of Workers Compensation and Liability Insurance (Construction Contractors)
- State License (Board of Cosmetology and Barber Examiners)
- No Tax Due Certificate - Retail Sales Only (dor.mo.gov)
- Missouri Sales Tax Number (dor.mo.gov)
- Food Service Permit ([Ray County Health Department](http://RayCountyHealthDepartment.com) 816.776.5413)

Payments by check are made payable to the City of Richmond in the amount due at the time of submittal. Please note, there is a \$25.00 returned check fee if the payment cannot be processed. We also accept cash, money order, or Visa & MasterCard.

New Applications may be mailed to our office, submitted in person, or emailed to the [Billing Department](#).

Occupational licenses are valid through the calendar year in which they are applied for. All business licenses will expire on the first day of December each year.

A 10% penalty shall be applied for each month an Occupational License is delinquent.

There are no transfers of an Occupational License from one (1) person to another except where a business is sold, and the new owner continues the business at the same location and under the same name.

Should applicants have any questions or need assistance, please contact our office from 8:00 am to 4:30 pm at (816) 776-5304, Monday through Friday, or visit our website at www.cityofrichmondmo.org.

For a complete list of regulations, please see [Chapter 605 Business Licenses and Regulations Ordinance](#) of the Richmond Municipal Code.



Applicant Information

Type of ownership: (check one) Partnership: LLC: Corporation: Sole Proprietor:

Name of Business: _____

Business Phone: _____ DBA/Trade Name: _____

Business Address: _____ STE: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ STE: _____ City: _____ State: _____ Zip: _____

Business/Corporate Owner: _____

Billing Contact Name: _____ Billing Phone: _____

Billing Email: _____

Full Description of Business: _____

Please complete and provide copies if applicable:

Federal ID Number or SSN: _____ Missouri Sales Tax Number: _____

Checklist

- Liability Insurance / Workers Compensation (Construction Only)
- No Tax Due Certificate (Retail Sales)
- Copy of State License (Beauty Shop)
- Health Certificate (Restaurants)
- Backflow preventer inspection report
- Grease trap inspection report

Fee Schedule

Total Number of people working in Richmond: _____

Number of Employees Applications submitted on or prior to June 1st will use the following table:

1	\$40.00
2-5	\$50.00
6-10	\$70.00
10+	\$70.00 + \$1.50 per employee over 10

Amount Due: _____

Applicant Certification

I, _____, being the _____ of the business entity listed above, declare that the information contained in this application is true and correct to the best of my knowledge. I understand that the occupational license expires on December 1, and should be renewed annually by the end of the grace period, December 31. I understand it is the responsibility of the business owner to maintain a current and active Occupational License.

Signature:	Date:
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STATEMENT OF SALES TAX

I, the undersigned, declare that my business is **NOT** subject to Missouri Retail Sales Tax, and I have confirmed this information with the Missouri Department of Revenue.

Signature _____ Date: _____

I, the undersigned, declare that my business is **CURRENT** with all Retail Sales Taxes due as required by the Missouri Department of Revenue. A "No Tax Due" Certificate is required.

Signature _____ Date: _____

I, the undersigned, declare that my business is **DELINQUENT** in Sales Tax. **(License will not be issued if taxes are delinquent.)**

Signature _____ Date: _____

STATEMENT OF WORKMAN'S COMPENSATION

I, the undersigned, declare that my business is **EXEMPT** from compliance with the Missouri Construction Workmen's Compensation Law. **(An Affidavit of Exemption for Workers' Compensation Insurance Pursuant to RSMo 287.061 from the Missouri Department of Labor is required.)**

Signature _____ Date: _____

I, the undersigned, declare that my business has **COMPLIED** with the requirements of Missouri Workmen's Compensation Law as stated in Revised Missouri Statute 287. **(Provide Copy of Insurance)**

Signature _____ Date: _____

For Office Use Only

	DATE	SIGNATURE
1. TAXES & UTILITY BILLS ARE NOT DELINQUENT		
2. ZONING REQUIREMENTS MET & BUILDING INSPECTION PASSED		
3. FIRE INSPECTION PASSED		
4. PUBLIC WORKS – BACKFLOW PREVENTER, SEWER & WATER INSPECTION		
5. IF APPLICABLE, INSPECTION OF GREASE TRAP BY WASTEWATER		
6. ADDITIONAL LICENSE AND/OR INSPECTION REQUIRED FOR: DAYCARE, BEAUTY SALONS, OR RESTAURANTS		

Comments from Billing Specialist, Public Works, Building Inspector, or Fire Chief:
