

BUSINESS LICENSE APPLICATION – LANDLORD

Account Number _____

City of Independence, Missouri, Finance Department, License Division

111 East Maple, Independence, MO 64050 (816) 325-7079

www.indepmo.org/buslic.htm

Rental Property Ownership: (Check One) **Individual** _____ **Partnership** _____ **Corporation** _____ **LP** _____ **LLC** _____

1) Individual Owner’s Name: (as shown on warranty deed) _____

Doing Business As (DBA): _____

Street Address: _____ Suite Number: _____

City: _____ State: _____ Zip Code: _____

Home Telephone #: _____ Work Telephone # _____ Cell Telephone # _____

Social Security #: _____ **Birth Date:** _____

2) Partnership Ownership Information: (as shown on warranty deed)

Partner Name _____ Birth Date _____ Social Security # _____

Address: _____ Telephone Number _____

Partner Name _____ Birth Date _____ Social Security # _____

Address: _____ Telephone Number _____

3) Corporation/LLC/LP Ownership Information: (as shown on warranty deed) **Federal Taxpayer I.D.** _____

Corporate Name _____

Corporate Address _____ Telephone Number _____

Contact Name _____ Telephone Number _____ Title _____

Date of Incorporation _____ State of Incorporation _____

Check All That Apply: I rent single family house(s) _____ Multi family unit(s) _____ Apartment unit(s) _____ Commercial unit(s) _____

License should be mailed to? Owner _____ Property Management Co. _____ Optional Mailing Address _____

Renewals should be mailed to? Owner _____ Property Management Co. _____ Optional Mailing Address _____

Business License Fee Calculation

Fees are based on applicants actual (past 12 months) or projected (next 12 months) gross rents for the calendar or fiscal year.

Actual or projected gross rents from Independence, Missouri rental property: \$ _____

Fee Calculation: \$25.00 for first \$25,000 in gross rents, plus \$0. 29 per \$1,000 for gross rents in excess of \$25,000

A. Gross rents of \$25,000 or less: A. \$ 25.00

B. Gross rents in excess of \$25,000: _____ times .00029 equals - B. \$ _____

C. Business License Fee equals line A plus line B (**Due with application**) C. \$ _____

Property Management Company: Name _____ Telephone Number _____

Address _____ Suite Number _____

City _____ State _____ Zip Code _____

Optional Mailing Address

Name: _____ Telephone Number: _____

Address: _____

The information given on this application is true and complete, to the best of my knowledge and belief, I understand that a Business License can only be granted subject to the restrictions upon its use. I do hereby agree that I will observe those restrictions as specifically enumerated in Chapter 5 of the City Code of the City of Independence, Missouri. I further agree to submit, prior to any change in location, an application for a license transfer to the City License Officer.

(For Office Use Only)

Date License Mailed _____

Signature _____

Date _____

Please complete and return application with payment

