

CITY OF INDEPENDENCE, MISSOURI

REFUSE HAULING APPLICATION PROCEDURES

Businesses wishing to operate a refuse hauling business in the City of Independence must obtain approval from the City of Independence City Council. A completed license application must be submitted to the Regulated Industries Division and will take approximately eight to ten weeks to process. The Regulated Industries Division handles the administration of the City's Code and the Police Department provides enforcement of the City Code.

The application must be downloaded and submitted to the Regulated Industries Division located on the second floor of City Hall, 111 E Maple, and Independence. Once the forms have been fully completed, you will need to submit them at City Hall for continued processing and approval.

The application is reviewed by several City Departments. Criminal History Background information on the individuals operating the business is checked through the Police Department. The location of the business is reviewed for compliance and other applicable City Codes.

After processing by the City staff, the application and an inspection report is forwarded to the City Council for consideration.

The City Business License will be mailed upon approval.

You should contact the Health Department at 816-325-7185 regarding the Clean Indoor Air Act of 2006. Smoking is now prohibited within enclosed areas of public places and places of employment. "No Smoking" signs or the international "No Smoking" symbol shall be clearly and conspicuously posted at every entrance.

BUSINESS LICENSE APPLICATION

City of Independence, Missouri

Community Development Department – Regulated Industries Division

P O Box 1019, Independence, MO 64051 (Mailing Address)

111 East Maple, Independence, MO 64050 (Street Address)

Web Site Address: www.indepmo.org/businesslicense

Telephone: 816-325-7079

Fax: 816-325-7770

Name of Business Owner/Corporation _____

Mailing Address _____ Suite/Unit # _____

City & State _____ Zip _____ - _____ Attn: _____

Phone # () _____ Ext. _____ Fax # () _____

Contact Person _____ Cell Phone # () _____ E-Mail _____

Business Name _____

Business Address _____ Suite/Unit # _____

City & State _____ Zip _____ - _____ Attn: _____

Phone # () _____ Ext. _____ Fax # () _____

Contact Person _____ Cell Phone # () _____ E-Mail _____

Should renewals be mailed to? (Check One) Owner Address _____ Business Address _____

Should licenses be mailed to? (Check One) Owner Address _____ Business Address _____

Business Ownership (Check One):

(1) Individual__ (2) Partnership__ (3) Corporation__ (4) LP__ (5)LLC__

Describe type of business _____

Number of Employees _____ MO Sales Tax No. _____ Taxpayer I.D. or SSN _____

Date business began operating in Independence, or is expected to begin: _____

Projected Gross Receipts for Next Twelve Months \$ _____*

***Businesses without an office in Independence should project gross receipts for Independence only.**

FEE CALCULATION

The minimum business license fee is \$75.00. The maximum license fee is \$30,000.00. The license fee is calculated as follows: \$75.00 for projected gross receipts of \$1.00 to \$25,000, plus \$0.29 per each \$1,000 in projected annual gross receipts exceeding \$25,000.

Business License Fee (Calculated as set out above-based on gross receipts) \$ _____

Vehicle Fee # of trucks (in Independence, MO.) @ \$25.00 each \$ _____

TOTAL FEES DUE WITH APPLICATION \$ _____

CITY OF INDEPENDENCE, MISSOURI
Community Development Department – Regulated Industries Division
111 East Maple, Independence, Missouri 64050
Telephone: (816) 325-7079

APPLICATION FOR REFUSE AND TRASH COLLECTORS

Certificate of Public Convenience and Necessity

Date _____

Business Name _____

Business Address _____

Contact Person _____ Phone () _____

Fax No. () _____ Email Address _____

Type of Ownership: () Individual () Partnership () Corporation () LLC

If individual ownership, list name, address (including City, State & Zip Code), birth date and social security number of owner:

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>SSN #</u>
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If partnership, list names, addresses (including City, State & Zip Code), birth dates, and social security numbers of all partners:

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>SSN #</u>
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If corporation or LLC, list names, addresses (including City, State & Zip Code), birth dates and social security numbers of all corporate officers or members:

<u>Name</u>	<u>Address</u>	<u>Birth Date</u>	<u>SSN #</u>
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President/Member

Vice President/Member

Secretary/Member

Treasurer/Member

If corporate or LLC ownership, name and address of corporation or LLC _____

Date of Incorporation/Organization _____ State in which incorporated or organized _____

This corporation must be registered and in good standing with the Missouri Secretary of State's office in order to process. If the corporation is not in good standing please contact their office at (816) 889-2925 before sending in this application.

Name and address of the disposal site _____

Give a brief description of the method and manner of disposal of refuse _____

General description of collection route or routes and frequency of collections over these routes _____

Will accounts be residential, commercial, or both? _____

Proposed rate schedule _____

All certificate holders shall file a record of current price schedules with the City Clerk and shall refile with the City Clerk all new schedules thirty (30) days prior to any proposed rate increase and shall notify all customers by mail within a like period.

Total number of vehicles to be licensed: _____

Description of vehicles to be licensed must include the following information:

<u>Year</u>	<u>Make</u>	<u>Model</u>	<u>VIN No.</u>	<u>State License No.</u>

The following items must be attached to this application:

1. A certificate of general liability insurance in the minimum amount of \$500,000. The certificate of insurance must reflect a thirty (30) day cancellation notice.
2. A Certificate of Insurance showing proof of Worker’s Compensation Insurance.
3. A Certificate of Good Standing for the corporation, LLC, LC or LP ownerships.
4. A copy of the Missouri State Inspection Certificate, or its equivalent, for the current year for each vehicle.
5. Payment of \$25.00 per vehicle.

Return completed forms and attachments to the Business License window at the second floor of City Hall which is located at 111 E. Maple, Independence, MO. All payments are due with the application.

I, the undersigned, declare to the best of my knowledge and belief, that the statements made herein are true and correct. I fully understand that any license issued pursuant to this application is not transferable or assignable to another person or company without approval of the City of Independence and that any violation of any City ordinance appurtenant to the regulation of or operation of any vehicle for which a license is required may result in the suspension or revocation of any and all such licenses.

I understand that a Business License can only be granted subject to the restrictions upon its use. I 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 of my business, an application for a license transfer to the City License Officer.

Signature of Owner, Partner or Corporate Officer

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20_____

My Commission Expires: _____

Notary Public