

City of Independence, Missouri

**Watchguard/Security Guard
Business License Application Information**

Any individual or company operating a business or providing a service in the City of Independence is required to have a City Business License.

License fees for private watchguard agencies are based on the number of employees. If the business location is based outside the City Limits of Independence you will only pay on the number of employees that are working within the City of Independence. However, you will still need to report the projected twelve month gross income/revenues on the application.

If the business has five or less employees the license fee will be \$100.00; if there are six or more employees the license fee will be \$200.00. As a convenience, you may make application for your business license on the internet with payment by a credit card. To use this service, go to the web site at www.indepmo.org/businesslicense. You may also make application on computer terminals located on the second floor of City Hall located at 111 E. Maple Ave. These terminals are available between 8:00 a.m. and 4:30 p.m. only.

Applicant must submit a certificate of Public Liability Insurance with the City of Independence listed as an “additional insured”. The insurance coverage shall be in the sum of at least \$250,000.00 for each person injured and the sum of at least \$500,000.00 for each occurrence, and \$50,000.00 for property damage. Such policy shall provide that before cancellation or alteration, the License Division be notified by the insurance carrier within 10 days prior to this action.

Upon approval of the business license application each watchguard will need to apply for an individual permit through the City of Independence Police Department. Please contact the Police Department Records Division at (816) 325-7303 for required documents and times available to apply for the individual permits. The business license must be approved and issued prior to any application for an individual permit.

When operating a business from your residence there are certain guidelines that must be followed. A license issued to a residentially zoned address does not allow clientele or employees to come to the home. This license will only allow contact with customers by telephone, computer or mail at your residence. It does not allow you to conduct any other type of business activity, storage of any materials or inventory, signs or any commercial type or business vehicles at your residence.

If your business activity does not meet the above requirements please call (816) 325-7421 or (816) 325-7823. Some type of business activity is not allowed in a residential area, however, some can be allowed with approval of a Special Use Permit.

Business licenses will expire twelve months from the time of application. Renewal applications are mailed prior to the month of expiration and must be renewed by the last day of the expiration month. Renewals can be paid by mail, in person, or on the Internet. The City=s web site address is www.indepmo.org/businesslicense. To log in, enter the account number from your renewal form that is highlighted in yellow. Upon entering the requested information and a credit card number, the system will provide a payment confirmation screen which you will need to print out. Late renewal penalties are ten percent (10%) of the license fee for the first month past due, plus two percent (2%) for each additional month past due.

If you have additional questions or need assistance completing the application form or calculating the fee, please call the License Division at 816-325-7079. Office hours are 8:00 A.M. to 5:00 P.M., Monday through Friday.

To access the City=s Business License Code (Chapter 5) on the internet at www.ci.independence.mo.us, click on the E-Government Services icon and then click on the City Code link.

BUSINESS LICENSE APPLICATION

City of Independence, Missouri

Finance Department - Licensing 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: 816-325-7075

Business Ownership (Check One): (1) Individual____ (2) Partnership____ (3) Corporation____ (4) LP____ (5)LLC____

Ownership Information:

Name of Owner/Corporation _____ Taxpayer I.D. or SSN _____

Street Address _____ Suite Number _____

City & State _____ Zip _____ - _____

Contact _____ Title _____

Phone () _____ Ext. _____ Cell Phone No. () _____

Fax No. () _____ Internet Address _____

(Complete if different from above information)

Business Name _____

Business Address _____ Suite Number _____

City & State _____ Zip _____ - _____

Contact _____ Title _____

Phone () _____ Ext. _____ Cell Phone No. () _____

Fax No. () _____ Internet Address _____

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

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

Describe type of service to be provided: _____

Number of Watchguards _____

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

Name and address of business that services are to be provided for here in Independence _____

Projected Gross Receipts for Next Twelve Months \$ _____ *

***Businesses not based or located in Independence should project gross income/receipts for Independence only.**

FEE CALCULATION

The following businesses pay a flat annual business license fee as follows:

Private watchguard agencies (five or less employees):	\$100.00
Private watchguard agencies (six or more employees):	\$200.00

TOTAL FEES DUE WITH APPLICATION \$ _____

INDIVIDUAL OWNER INFORMATION

<u>Owner Name</u> _____	<u>Home Address</u> _____	<u>City, State, Zip</u> _____
Date of Birth: _____	Social Security No. _____	Phone: _____

PARTNERSHIP INFORMATION

<u>Partner Name</u> _____	<u>Home Address</u> _____	<u>City, State, Zip</u> _____
Date of Birth: _____	Social Security No. _____	Phone: _____

<u>Partner Name</u> _____	<u>Home Address</u> _____	<u>City, State, Zip</u> _____
Date of Birth: _____	Social Security No. _____	Phone: _____

<u>Partner Name</u> _____	<u>Home Address</u> _____	<u>City, State, Zip</u> _____
Date of Birth: _____	Social Security No. _____	Phone: _____

CORPORATE/LLC INFORMATION

INDIVIDUAL INFORMATION FOR PRESIDENT/MEMBER OR MANAGER MUST BE FULLY COMPLETED

<u>Name</u> _____	<u>Home Address</u> _____	<u>City, State, Zip</u> _____
Date of Birth: _____	Social Security No. _____	Phone: _____

Name, address, and telephone number of corporation or LLC office _____

Date of Incorporation or Organization _____ State of Incorporation or Organization _____

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.

AFFIDAVIT

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 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 Applicant	_____ Date
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