

Village of Leawood

Occupational License Application

Date: _____

Business Name: _____

Proprietorship Partnership: _____ LLC: _____ Corporation: _____

Owner/President's Name: _____

Business Address: _____

Mailing Address: (If different): _____

Business Phone #: _____ Fax #: _____

Emergency Phone #: _____

Federal Tax ID Number: _____ MO Sales Tax# _____

A copy of your Sales Tax ID and a "No Tax Due" Report must be included with application.

Type of Occupation: _____
(Only One Type of Occupation Per Application)

Insured: Yes _____ No _____ If yes with whom: _____

Work Comp Ins: Yes _____ No _____ If yes with whom: _____
(Please attach proof)

Is your business home based? Yes _____ No _____

Do, or will, you or your facility discharge any wastewater into the Village's sewers, other than from restrooms: Yes _____ No _____ If yes, describe: _____

Number of Employees: (If applicable) Full Time _____ Part time _____

Personal Information of Applicant

Name: _____

Address: _____

City, State, Zip Code: _____

Home Phone #: _____ Cell Phone#: _____

Under Oath, I affirm that I participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal Law to work in the United States (Refer to Missouri HB 1549).

I, the undersigned certify that the above information is true and accurate.

Signature of Applicant: _____

Office Use Only

Identification Used: (i.e. Drivers License) _____

Expiration Date of Identification Document: _____

Occupational License Number: _____

Date Paid: _____ Amount Paid: _____

Approved By: _____

(Signature of City Clerk)