

## **INFORMATION FOR NEW BUSINESS**

PLEASE RETURN THE APPLICATION TO CITY HALL FOR CONSIDERATION BY THE BOARD OF ALDERMEN DURING THEIR NEXT MEETING. BOARD MEETINGS ARE THE 2<sup>ND</sup> MONDAY OF EACH MONTH. THE MAYOR WILL GIVE TEMPORARY APPROVAL TO BUSINESSES TRYING TO OPEN PRIOR TO THE BOARD MEETING. ALL PAPERWORK MUST BE COMPLETE BEFORE THE MAYOR WILL GIVE APPROVAL.

THE ANNUAL LICENSE FEE IS \$50.00 BUT CAN BE PRO-RATED FOR PERIODS LESS THAN ONE YEAR. FOOD/LIQUOR SERVICE BUSINESSES ARE LICENSED FOR SIX-MONTH PERIODS.

THE BUSINESS LICENSE ORDINANCE IS AVAILABLE FOR REVIEW IF YOU HAVE QUESTIONS.

FOOD AND/OR BAR ESTABLISHMENTS MUST HAVE PLATTE COUNTY HEALTH DEPARTMENT INSPECTION. PLATTE COUNTY HEALTH DEPARTMENT PHONE NUMBER IS 858-2412.

LIQUOR ESTABLISHMENTS- AFTER BOARD OF ALDERMEN APPROVAL, THE CITY WILL PREPARE A LETTER TO THE STATE LIQUOR AUTHORITY. ONCE STATE LIQUOR LICENSE IS OBTAINED, A COPY MUST BE GIVEN TO WESTON CITY HALL. LIQUOR LICENSE FEE IS ONE AND ONE-HALF TIMES THE AMOUNT OF THE STATE LICENSE, PLUS BUSINESS LICENSE FEE.

SIGNS FOR BUSINESSES MUST BE APPROVED. PLEASE REQUEST SIGN APPLICATION AND/OR A COPY OF THE SIGN ORDINANCE.

### **WATER, SEWER AND TRASH SERVICES**

THE CITY REQUIRES A METER DEPOSIT OF \$100.00 FOR BUSINESSES. BILLS FOR WATER, SEWER AND TRASH SERVICES ARE MAILED DURING THE LAST WEEK OF EACH MONTH. THEY ARE DUE AND PAYABLE ON OR BEFORE THE 10<sup>TH</sup> OF THE NEXT MONTH. IF THE BILL IS NOT PAID BY THE 25<sup>TH</sup> OF THE MONTH, SERVICE MAY BE DISCONTINUED.

THE TRASH RATE FOR SMALL BUSINESSES IS \$35.52 PER MONTH FOR ONE PICKUP EACH WEEK. FOR OTHERS, RATES ARE BASED ON THE TYPE OF SERVICE THAT IS NEEDED BY THE BUSINESS (DUMPSTERS ETC.).

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### **IF YOUR BUSINESS IS LOCATED WITHIN THE HISTORIC DISTRICT**

BUILDING PERMIT APPLICATIONS CAN BE PICKED UP AT CITY HALL FOR ANY CHANGES YOU PLAN FOR THE EXTERIOR OF THE BUILDING (REPAIRS, PAINTING, SIGNAGE AND SO FORTH).

THE APPLICATION MUST BE APPROVED BY THE HISTORIC COMMISSION

BEFORE ANY WORK IS DONE. A COPY OF THE HISTORIC DISTRICT RULES AND REGULATIONS AND GUIDELINES IS GIVEN TO EACH BUSINESS OWNER AND BUILDING OWNER.

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**PLEASE CALL 640-2752 WITH YOUR QUESTIONS**

**CITY OF WESTON, MISSOURI  
APPLICATION FOR BUSINESS LICENSE**

Date: \_\_\_\_\_

1. Name of the business, employment, occupation, agency, amusement or exhibition:  
\_\_\_\_\_
  
2. Address when the business, employment, occupation, agency, amusement or exhibition will be operated:  
\_\_\_\_\_
  
3. Name and residence address of each owner, or in the case of a corporation, the legal name of the corporation, date of incorporation and the business address of the corporation:  
\_\_\_\_\_  
\_\_\_\_\_
  
4. Give a brief description of the nature of the business, employment, occupation, agency, amusement or exhibition to be conducted pursuant to the license:  
\_\_\_\_\_

PLEASE PROVIDE THE FOLLOWING INFORMATION:

\_\_\_\_\_ a copy of the Missouri Retail Sales Tax License if said license is required by Missouri Law

\_\_\_\_\_ in the case of food service and liquor establishments, proof of the inspection by Platte County Health Department and rating of at least 90%

\_\_\_\_\_ a drawing of the building wherein the business, employment, occupation, agency, amusement or exhibition is to be conducted showing rooms, dimensions both inside and outside

\_\_\_\_\_ a tax receipt or statement certified by the City Collector showing that the City tangible personal taxes and real estate taxes for the preceding years have been paid by the applicant, or that no such taxes were due.

I swear that the information provided on this application is true and correct.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Printed Name

Received by \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Business Owner's Telephone Number

# OBTAINING A RETAIL SALES TAX LICENSE – MISSOURI DEPARTMENT OF REVENUE INFORMATION

Kansas City Field Office – 816-889-2901  
Missouri Department of Revenue website – [www.dor.state.mo](http://www.dor.state.mo)

In order to open a new retail business or add new locations to an existing business in Missouri, an application for a sales tax license must be completed.

Along with the application for sales tax license, the taxpayer may be required to file a bond. The bond must be issued on Department of Revenue forms and may be in the form of cash, a surety bond, an irrevocable letter of credit, or a certificate-of-deposit that is pledged to the Department of Revenue. The bond amount required is usually three times the average monthly sales tax liability based on the previous twelve months experience of the business. An estimated amount must be posted by businesses starting up for the first time.

Please visit the Missouri Department of Revenue website or call a regional field office for further information.

A retail sales tax license must be obtained before starting business in the City of Weston.



WESTON POLICE DEPARTMENT  
Office 816-640-2455  
Fax 816-386-2336

TO ALL BUSINESS OWNERS:

PLEASE PROVIDE THE FOLLOWING INFORMATION SO WE CAN KEEP UP TO DATE INFORMATION ON WHOM TO CONTACT IN AN EMERGENCY. THIS INFORMATION WILL BE KEPT CONFIDENTIAL WITHIN THE LAW ENFORCEMENT SYSTEM. HOWEVER, THE BUSINESS PHONE NUMBER WILL BE GIVEN OUT IF REQUESTED BY THE PUBLIC, BUT NO OTHER INFORMATION.

PLEASE NOTIFY US WHEN THERE IS ANY CHANGE IN THE LOCATION OF YOUR BUSINESS, CHANGE OF MANAGER, EMERGENCY NUMBERS, OR PHONE NUMBERS. YOU MAY USE THIS FORM FOR ANY CHANGES AND RESUBMIT.

THIS INFORMATION WILL BE ASKED OF YOU EACH YEAR WHEN YOU REAPPLY FOR YOUR BUSINESS LICENSE. ALL FIELDS MUST BE FILLED OUT PLEASE.

THANK YOU!

BUSINESS NAME: \_\_\_\_\_  
(IF YOU HAVE MORE THAN 1 BUSINESS NAME AT THE SAME ADDRESS LIST ALL NAMES)

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_ HOME BUSINESS?   
PLACE A CHECK MARK HERE

BUSINESS OWNER NAME & PHONE #: \_\_\_\_\_

MANAGER'S NAME & PHONE #: \_\_\_\_\_

BUILDING OWNER NAME & PHONE #: \_\_\_\_\_

\_\_\_\_\_  
1<sup>ST</sup> PERSON WHO CAN RESPOND QUICKEST (\_\_\_\_) PHONE NUMBER - CELL  HOME

\_\_\_\_\_  
ALTERNATE PERSON TO CALL (\_\_\_\_) PHONE NUMBER - CELL  HOME

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ALARM COMPANY: YES (\_\_\_\_) NO (\_\_\_\_) (\_\_\_\_) NONE  
If NONE is selected Do Not continue

MOTION SENSORS: YES (\_\_\_\_) NO (\_\_\_\_)

VIDEO CAMERAS: YES (\_\_\_\_) NO (\_\_\_\_)

ALARM COMPANY NAME: \_\_\_\_\_

ALARM COMPANY AFTER HOURS PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

## ATTENTION

### NEW PLATTE COUNTY BUSINESSES

#### Guidelines for Business Personal Property

Contact Assessor's Office providing  
the following information:

Business name  
Physical & mailing address  
Opening date  
Phone #  
Contact person

Businesses are to report all  
tangible personal property owned,  
held, or leased in Platte County as  
of January 1<sup>st</sup>, with a filing date  
of March 1<sup>st</sup>. A filing fee will be  
incurred after March 1<sup>st</sup>.

CONTACT PLATTE COUNTY ASSESSOR'S OFFICE  
VICKY: 858-3312 OR MARY: 858-1978