



APPLICATION FOR BUSINESS LICENSE

City of Hannibal, MO
Building and Fire Departments
Marion County Health Department

Business License Number _____ Date _____

Name of Company _____ Business Phone _____

Business Address _____
(Street) (City) (State) (Zip)

Type of Business _____

Email Address _____

Name of Owner _____ Name of Manager _____
(Contact Person)

Home Address _____

Business Location Owned Leased or Rented

Name of Owner (Only if (leased or rented) _____

Applicant shall submit a site plan and a floor plan of business premises.

Federal ID or Social Security Number _____ State ID Number _____

Signature of Applicant _____ Date _____

Building Department Inspection 573-221-0111 (ext 205) Approved Disapproved N/A

Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handicap Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building, Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Salon Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Number of Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Complies W/H1 Dist Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: _____ Date: _____

Fire Department Inspection 573-221-0657	Approved	Disapproved	N/A
Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exit Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Protection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: _____ Date: _____

Marion County Health Department Information
573-221-1166

Premises Meets the Requirements of the Marion County Health Department.

Final Approval By: _____ Date: _____

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable matter without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified.

NEW: 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 House Bill 1549.)

IF CORPORATION, PRESIDENT AND SECRETARY MUST SIGN AND AFFIX THE CORPORATE SEAL.

(CORPORATE SEAL)

Print Name

Secretary's Signature

Applicant's or President's Signature

Notary Public

MY COMMISSION EXPIRES: _____

REMINDER:

Two forms of ID are required to meet State requirements which mandate the City's attempt to verify citizenship. Acceptable documents are Birth Certificate, Driver's License, Social Security Card, or Passport.

**City of Hannibal 320 Broadway, Hannibal, MO 63401
P 573.221.0111 F 573.221.8191
www.hannibal-mo.gov**



ATTENTION: BUSINESSES SELLING GOODS AT RETAIL SALES:

New requirements as of January 1, 2009 as a directive from the State of Missouri, State Statutes (Section 144.083.2 & 144.083.4 RSMo) reads as follows:

The possession of a statement from the department of revenue stating no tax is due shall also be a prerequisite to the issuance or renewal of any city business license required for conducting business where goods are sold at retail. The statement of no tax due shall be dated no longer than ninety (90) days before the date of the renewal of the city license.

You may access this information on the DOR's Web site, seven days a week, 24 hours a day.

You will need your Missouri Tax Identification Number and Pin (the Dept. of Revenue has already assigned the PIN # and it can be found on the front of your return or voucher book.)

Go to: www.dor.mo.gov

Scroll down to under "What's New"

Click on *On-Line License No Tax Due Information

Log into on-line License No Tax Due System

Choose *Business Owner/Tax Payer

You will be able to print your own Statement of NO Tax Due to use when obtaining or renewing your business license.

NOTE****If your business does not make retail sales, you are not required to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue
Taxation Division
816-889-2944

MARON COUNTY EMERGENCY SERVICE

PO BOX 798

Hannibal Mo 63401

Voice/TDD (573)221-1806

Fax (573) 221-0964

KEYHOLDER REGISTRATION

Business Name _____

Address _____

Business
Phone _____

Alarm Company Name _____

Phone Number _____

Please list at least 3 contact people we can call in case of an emergency when the business is closed

Name _____ Home Phone
Number _____

Other Phone
Numbers _____

Name _____ Home Phone
Number _____

Other Phone Numbers _____

Name _____ Home Phone
Number _____

Please list business hours, lights left on, cleaning crew & schedule, and any other information that may be relevant to your after business hours:

OFFICE USE ONLY

Received _____ **Date:** _____
By: _____

Entered by: _____ **Date:** _____