

BUSINESS LICENSE REQUIREMENTS

- If your business has a physical location you will need to obtain a fire inspection permit. The documents you need for this are included in this packet. You will pay for the inspection at the same time as your business license. The cost of the Fire Inspection is \$25.00.
- Contact the Fire Department to schedule inspections at (573) 221-0657. The Fire Department will then also be in contact with the Building Inspector's Office to complete the entirety of the business inspection.
- If serving food, you will need to contact Marion County Health Department (573) 221-1166 for an inspection. The business license application requires the approval of the health department as well.
- You must have the Business License application, along with the fire inspection (sheets) or packet to obtain the necessary approvals.
- All retail businesses **must** have a Missouri Department of Revenue sales tax ID number before a City license can be issued, the City does not issue these, they are issued from the Missouri Department of Revenue. If you have any trouble you'll need to contact them, we cannot help with that (573)751-9268.
- After the above is completed, bring in all paperwork (notarized application) and photo identification to the City Clerk's Office for license issuance.

PLEASE NOTE THAT ALL BUSINESSES ARE SUBJECT TO RANDOM INSPECTIONS AT ANY TIME

- ***If closing or selling your business, you MUST contact the City Clerk's Office to finalize all requirements.***
- ***If the location of your business changes, you MUST contact the City Clerk's Office, as additional paperwork and/or inspections will need to be completed for the new location.***

If you have any questions or need assistance, contact Britta Dooley, ARP Office Manager, in the City Clerk's Office at (573) 221-0111, ext 221, or by email at bdooley@hannibal-mo.gov.

Congratulations and good luck on your business endeavor!

City of Hannibal 320 Broadway, Hannibal, MO 63401

Phone: 573.221.0111

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.

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.)

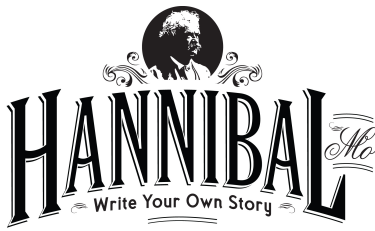
Go to: www.dor.mo.gov

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
(573) 751.9268



Return to:
Office of the City Clerk
Britta Dooley, ARP Office Manager
320 Broadway Hannibal, MO 63401
Ph. (573) 221-0111 ext. 221
bdooley@hannibal-mo.gov

Business License Application

Date: License #: Fee:
Class: Code: Rate:

BUSINESS INFORMATION

Name of Business:
Doing Business As:
Business Address/Location:
Mailing Address:
Business Phone #: () - Email:
Business Type &/or Nature (in detail):

Missouri Sales Tax I.D. #: (from the State of MO - NOT the Federal FEIN #) If you have merchandise or retail sales.

Do you have any entertainment machines? (IF Yes, MUST report your earnings on Gross Tax Receipts Affidavit).

APPLICANT INFORMATION

Name of Applicant:
Applicant is Owner: Manager: Other: Phone #: () -
Applicant's Address:
Driver's License#: State:

I hereby certify that all information provided above is true and accurate and that I do not and will not knowingly employ a person who is an unauthorized alien in connection with the business for which the permit or license has been obtained.

Signature: Date:

State of

County of

On this day of 20 before me personally appeared

known to me to be the individual described in and who executed the foregoing instrument and knowledge to me that he executed the same.

My Commission Expires

Notary Public

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: _____

REMINDER:
One form of ID is 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.



Hannibal Fire Department

2333 Palmyra Road • Hannibal, MO 63401
 Phone: 573-221-0657 • Fax: 573-221-2431
 \$25.00 www.hannibalfire.com

Application For Permit / Plan Review

Applicant Information

Date of Application: _____ Estimated Project Time: _____

Project Address: _____
Address must be assigned by Marion County 911

Lot / Suite #: _____ Business Name: _____
Name of Business to be located at project address above

Permit Applicant: _____ Phone: _____
Company Name or Person Applying for Permit

Name: _____ Phone: _____
Company Name or Person Applying for Permit

Address: _____
Permit Applicant's Street Address City State Zip Code:

Fax: _____ E-mail address: _____

Estimated Cost of Construction: _____

Type of Permit

Type of Permit		
		Fee
New Fire Protection & Detection Systems Plan Review / Inspection		
<input type="checkbox"/> Kitchen Hood System	(105.7.1)	* (1)
<input type="checkbox"/> Fire Alarm System	(105.7.4)	* (1)
<input type="checkbox"/> Halon / CO2 / Foam System	(105.7.1)	* (1)
<input type="checkbox"/> Fire Pumps	(105.7.5)	* (1)
<input type="checkbox"/> Sprinkler System	(105.7.1)	* (2)
<input type="checkbox"/> Standpipe System	(105.7.12)	* (2)

* Required permit fee charges are \$50.00 for the first and \$25.00 each additional required new fire protection & detection system permit. () indicates the number of inspections included in initial permit fee. Additional inspection will be \$25.00 each.

Permits & Fees Are Not Transferable and are not Refundable



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 www.hannibalfire.com

Application For Permit / Plan Review

Plan Review / Processing Fee:

New / remodeled commercial structures have a base charge of \$100.00 for first \$2,000.00 estimated cost of construction and \$1.00 per each additional \$1,000.00 estimated cost of construction. This includes the initial and one (1) revised plan review, two (2) onsite inspections (one (1) open wall and one (1) final inspection.) One (1) Occupancy / Operational permit is included in above fee.

For the purpose of explanation, a residential structure with three (3) or more dwelling units shall be considered commercial. There shall be no plan review / processing fee for residential structures with three (3) to six (6) dwelling units. However, buildings with three (3) to six (6) dwelling units will be required to submit said plans and have the appropriate inspections prior to occupancy. Additions and alterations over the one (1) revised plan shall be \$50.00 for commercial structures, per plan review. Non Operational permits have an expiration date six months after the date of filing. The fire code official is authorized to grant one (1) or more extensions of time for additional periods not exceeding 90 days each if there is reasonable cause. All time extensions shall be submitted to the Hannibal Fire Dept. in writing 7 days prior to the permit expiration date.

Occupancy / Operational / Change of Occupancy Permits:

- | | |
|---|--|
| <input type="checkbox"/> New Commercial Occupancy | <input type="checkbox"/> Temporary Membrane Structure, Tents, & Canopies |
| <input type="checkbox"/> New / Change Occupancy | <input type="checkbox"/> Fireworks Display |
| <input type="checkbox"/> Carnivals and Fairs | <input type="checkbox"/> Other per IFC 105.6 (Describe) |

Other: _____

The permit fee for commercial (non-residential) Occupancy/ Operational permits shall be \$25.00. Additional inspection over the initial one (1) will be \$12.50 each. *Not for profit organizations may be exempt from the fee with approval of the Fire Chief. (105.3.3)*

Additional Fees:

Fire Department Replacement Card	\$10.00
Stop Work Order	\$50.00 to \$1,000.00 Per Day
Extra Inspection	As Noted

I, the undersigned, hereby certify that I am the owner/agent authorized to apply for this permit and all information herein is true and correct. Further, I certify I have read and agree to the statements on this application.

Applicant Signature:

Print

Sign

Date

Office Use Only		
Approved By: _____	Date: _____	Permit No.: _____
Fee: _____	Expiration Date: _____	Comments: _____