



**Community Development Department**  
 Business License Division  
 10000 E 59<sup>th</sup> Street • Raytown, MO 64133  
 Phone: 816-737-6014 • Fax: 816-737-6164

## RAYTOWN BUSINESS LICENSE APPLICATION

Date: \_\_\_\_\_ Missouri Tax ID Number \_\_\_\_\_

Name of Business: \_\_\_\_\_

DBA (if different) \_\_\_\_\_

Ownership Status: Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ LLC \_\_\_\_\_

Description of merchandise or services offered: \_\_\_\_\_

Retail \_\_\_\_\_ Contractor \_\_\_\_\_ Sales: \_\_\_\_\_ Bank: \_\_\_\_\_ Vending: \_\_\_\_\_ Other: \_\_\_\_\_

Is this a home based business? Yes \_\_\_\_\_ No \_\_\_\_\_ Date business will begin in Raytown \_\_\_\_\_

Physical Address of Business \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Business Phone Number \_\_\_\_\_ Office Phone Number \_\_\_\_\_

Local Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Cellphone Number \_\_\_\_\_ Email \_\_\_\_\_

List Names of Owners, Partners or Officers of Company (Use additional page if more than one)

Full Name \_\_\_\_\_

State Drivers Lic # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_

Do you store, manufacture or transport any hazardous materials? Yes \_\_\_\_\_ No \_\_\_\_\_

I DECLARE UNDER PENALTY OF LAW THAT TO THE BEST OF MY KNOWLEDGE THAT THE STATEMENTS MADE HEREON ARE CORRECT AND TRUE.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

<b>FOR OFFICE USE ONLY</b>	
Business License Number:	Renewal
Notes:	