City of Clever
Where It Just Gets Better Every Day

BUSINESS LICENSE APPLICATION CHECK LIST

Thank you for choosing to do business in the City of Clever. Below is a check list of items to take into consideration prior to completing your application. Following the items listed below will help to expedite your application approval process.

PLEASE NOTE - Per City Ordinance, it is unlawful to operate a business before receiving your Business License. (Section 605.010)

Please allow two weeks for processing and approval of your application. A business license number will be assigned to the application when your application is submitted to the City of Clever. However, the license number is not valid until the application has been approved by the Clever Board of Alderman and a certificate has been issued.

CHECKLIST ITEMS

☐ Business License Application must be filled out completely.

☐ If you will be operating the business out of you home, please obtain and complete the form titled, "Home-Based Business Questionnaire". This form is available at City Hall.

☐ If you will be operating any type of construction business, you must provide an updated copy of your Worker's Comp Liability Certificate pursuant to (RSMo. 287.061).

☐ If you collect any sales tax, you must provide your Missouri Tax Identification Number and submit a "No Tax Due" statement issued within 90 days of the Application Date.

☐ If you provide any food services, a copy of your health inspection must be submitted with Application. You will need to contact the Christian County Health Department as soon as possible.

☐ If you will be doing any remodeling to your business location, you must first apply for a building permit with the Building Inspector.

☐ If you will be erecting or displaying a sign for your business, please contact the Planning and Zoning Department for a sign permit, if necessary.

If you have any questions regarding any of the listed reqirements, please contact City Hall.

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Business License Application

License Number: _____

Applicant Information

Applicant Name: _____

Date: _____

Mailing Address: _____

Phone: _____

City, State, Zip: _____

Email: _____

Business Information

Business Name: _____

Business Address: _____

Business Phone #: _____

Business Owner Name: _____

Type of Business: _____

Missouri State Sales Tax ID Number: _____

Yes ☐ No ☐   Is your business home based? (if yes, please complete the form, "*Home Based Business Questionnaire*")

Yes ☐ No ☐   Do you plan to make any changes to the building or property associated with the business?
(If yes, please contact the Planning and Zoning Commission prior to the approval of your business license).

CITY OF CLEVER OFFICE USE ONLY

License Fee Collected: $ _____

Date Paid: _____

Approval Date: _____

City Clerk: _____

Mayor: _____

P.O. BOX 52 | 304 S. Clarke Ave. | Clever, MO 65631 | (P) 417-743-2544 | (F) 417-743-0025 | www.clevermo.com

Clever Business Emergency Contact Information

Dear Business Owner,

The Clever Police Department would like to keep on file the names of emergency contacts for your business. All names listed will be kept confidential and the information provided is for the use of the Clever Police Department only.

Thank you,

Chief of Police
City of Clever

Business Name:

Business Address:

Business Phone #: _____

Owner(s) Name: _____

_____

1st Emergency Contact #: _____

Phone Number:

Do they have a key to the business? _____ _____

_____

2nd Emergency Contact #:

Phone Number:

Do they have a key to the business? _____ _____

_____

3rd Emergency Contact #:

Phone Number:

Do they have a key to the business? _____ _____

_____