



CITY OF LIBERTY

Ph. (816) 439-4417 licensing@libertymo.gov
Website: www.libertymissouri.gov
Mail to: Finance Dept, City of Liberty
P. O. Box 159, Liberty, MO 64069

Mobile Food Unit License Application

All information provided is true and correct and provided under penalty of perjury.

Check all that apply:

- NEW BUSINESS
(SEE GENERAL INFORMATION ON BACK)
- RENEWING BUSINESS
- NEW ADDRESS

PAYMENT ENCLOSED _____
PERSONAL

Entity Structure

- SOLE PROPRIETORSHIP
- PARTNERSHIP
- LLC OR LLP
- CORPORATION
- NOT FOR PROFIT

Attachments

- MISSOURI RETAIL SALES TAX LICENSE
- NO TAX DUE STATEMENT
- COUNTY FOOD ESTABLISHMENT PERMIT
- MOBIL UNIT PERMIT DECAL
- MOBILE FOOD VEHICLE REGISTRATION
- PHOTO OF MOBILE FOOD UNIT
- VALID DRIVERS' LICENSES FOR ALL DRIVERS
- VALID MOBILE FOOD VEHICLE INSURANCE
- CERTIFICATE OF GENERAL LIABILITY INSURANCE (\$1 MILLION)

Liberty-Based

- COMMERCIAL
- HOME-BASED

ADD'L ATTACHMENTS

- NEW BUSINESS APPROVAL GUIDE
- CLAY COUNTY BUSINESS PROPERTY REG. FORM

OWNER: _____ FEIN _____

CORPORATION NAME _____ BUSINESS NAME (DBA) _____

BUSINESS CONTACT: _____ (_____) _____ - _____

LICENSE AND CORRESPONDENCE WILL BE SENT TO MAILING ADDRESS CHECK HERE IF SAME AS MAILING ADDRESS

MAILING ADDRESS _____ APPROVED KITCHEN ADDRESS [NO PO'S]: _____

CITY/STATE/ZIP: _____ CITY/STATE/ZIP _____

PHONE: (_____) _____ - _____ BUSINESS PHONE (_____) _____ - _____

DESCRIBE BUSINESS/MENU: _____ Approximate # of employee's _____

EMERGENCY CONTACT IF BUSINESS ADDRESS IN LIBERTY: NAME: _____ PHONE (_____) _____ - _____

***CERTIFICATION OF PERMISSION ***

I HEREBY CERTIFY ON BEHALF OF THE APPLICANT AND HIS/HER AGENTS AND EMPLOYEES THAT THE BUSINESS HAS PRIOR PROPERLY OBTAINED, WILL KEEP ON FILE, AND WILL PROVIDE TO THE CITY IMMEDIATELY WHEN REQUESTED, A COPY OF THE WRITTEN PERMISSION FROM THE PRIVATE PROPERTY OWNER TO OPERATE ON THEIR PRIVATE PROPERTY. I ASSUME RESPONSIBILITY FOR THE ACTIONS AND OMISSIONS OF THE BUSINESS'S AGENTS AND EMPLOYEES IN THE PERFORMANCE OF OR FAILURE TO PERFORM ITS OBLIGATION UNDER LICENSE.

SIGNATURE _____

***RETAIL SELLERS MUST SUBMIT A NO TAX DUE STATEMENT ***

Beginning January 1, 2009, the possession of a statement from the department of revenue stating no tax due is a prerequisite to the issuance or renewal of any city occupation license required for conducting any business where goods are sold at retail. The statement of no tax due shall be dated no longer than ninety days before the date of submission for application or renewal of the city license. Business owners may access the on-line system at <http://dor.mo.gov/tax/business/sales/notaxdue/> to acquire a statement of no tax due by entering their Missouri tax identification number and pin number located on their sales tax return or voucher.

I hereby state the following:

- (1) that the above are true and accurate statements, and in accordance with valid city ordinances (chapter 18, article II);
- (2) that this business will be conducted in compliance with all applicable Missouri state laws and Liberty city ordinances, including Section 30-80.1. of the City of Liberty Unified Development Ordinance, should this business be conducted as a home occupation in Liberty;
- (3) that all personal taxes due to the City of Liberty from the owner(s) of such business and all preceding merchant taxes for such businesses have been paid;
- (4) that the business will be operated in a fair, reasonable and responsible manner without misrepresentation, fraud, willful misconduct of false statement;
- (5) that, if the business ceases operating for any reason, all licenses will be immediately returned to the Finance Dept;
- (6) that, if there are changes or transfer of ownership, changes of address or changes in type of business conducted, the Finance/Licensing Dept. will be notified.
- (7) That license may be revoked if business does not act in compliance with all regulations/requirements.

***Note:**
Application must be signed by an owner or authorized agent of the business.

Print the individuals' name and title to appear on license: _____

Signature _____ Date signed _____
(Owner/Officer/Authorized Agent)

Print name of signer _____ Title of signer _____

[For City Use Only]	
NEW 100-41001-000	
RENEW 100-41000-000	
Penalty 100-41000-000	
Total	

