

CITY OF WOOD HEIGHTS  
2098 EAST RIDGE DRIVE  
WOOD HEIGHTS, MO 64024  
816-630-7900  
816-637-0388 FAX  
[city@WOODHEIGHTS-MO.GOV](mailto:city@WOODHEIGHTS-MO.GOV)

**BUSINESS/OCCUPATIONAL LICENSE APPLICATION**

\*NAME OF BUSINESS: \_\_\_\_\_

\*LOCATION: \_\_\_\_\_

\*PHONE: \_\_\_\_\_ \*TYPE OF BUSINESS: \_\_\_\_\_

\*Type of Application: BUSINESS LICENSE \_\_\_\_\_ OCCUPATIONAL LICENSE \_\_\_\_\_

Have you attached:

- Copy of Business License issued by Ray County? YES \_\_\_\_\_ NO \_\_\_\_\_
- Copy of Exemption from Missouri Sales and Use Tax on Purchases? YES \_\_\_\_\_ NO \_\_\_\_\_
- Copy of 1<sup>st</sup> or current quarter's Sales and Use Tax on Purchases? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you using the address "Wood Heights, MO"? YES \_\_\_\_\_ NO \_\_\_\_\_

Are you a citizen of the United States? YES \_\_\_\_\_ \*NO \_\_\_\_\_

**\*If not, please bring your visa/green card to the office.**

**\*MISSOURI TAX IDENTIFICATION NUMBER \_\_\_\_\_**

**\*WE ARE REQUIRED TO VERIFY THAT ALL TAXES DUE TO THE STATE HAVE BEEN PAID PRIOR TO ISSUANCE OF THIS LICENSE. RsMO 144.083**

OWNER/AGENT

SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

Are you required to follow EPA or Dept. of Natural Resources guidelines to conduct your business?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which guidelines? \_\_\_\_\_

Are you required to follow State Statute or Federal Regulation guidelines regarding safety in waste disposal?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, which guidelines? \_\_\_\_\_

Are you required to store a large quantity of hazardous materials/chemicals to conduct your business?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please provide description and quantity stored: \_\_\_\_\_

Are you required to store flammable chemicals? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, what type of flammable chemicals and quantity stored: \_\_\_\_\_

Does your business require on-street parking? YES \_\_\_\_\_ NO \_\_\_\_\_

Provide a brief description of your business: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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