**BUSINESS OCCUPATIONAL LICENSE APPLICATION**

**CITY OF LAKE TAPAWINGO**

**144 Anchor Dr; Lake Tapawingo, MO 64015**

 **(Please fill out where \* is shown)**

DATE APPROVED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ LTMO LICENSE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\*ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*FAX \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*CELL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*NAME OF PERSON IN CHARGE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*TYPE OF BUSINESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that the information in this application is true to the best of my knowledge and belief. I also understand that this license is NOT transferable. I further understand that it is my responsibility to determine that my customer has a valid, signed, and executed Building Permit Application from the City of Lake Tapawingo **PRIOR** to **BEGINNING** my work at the same residence.

\*SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*PRINTED NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*\*CONDITIONS FOR APPROVAL

* License Fee: $50.00 per Calendar Year; Prorated Quarterly
* Copy of Valid Liability Insurance Certificate Naming the City of Lake Tapawingo as a Certificate Holder (Minimum Liability $500,000)
* Valid Workers Compensation Coverage
* Master Certificate for Electricians, Plumbers, HVAC (If Applicable); Additional Fee of $25.00

**BELOW LAKE TAPAWINGO OFFICE ONLY:**

FEE/PERMIT VALID FOR ONE CALENDAR YEAR. PERMIT EXPIRES DECEMBER 31, 20\_\_\_\_\_\_\_\_

FEE RECEIVED DATE \_\_\_\_\_\_\_\_\_\_ FEE AMOUNT $\_\_\_\_\_\_\_\_\_\_ CASH/CHECK #\_\_\_\_\_\_\_\_\_\_\_\_

FEE RECEIVED BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TITLE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LICENSE REQUEST DENIED – REASON \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

IF YOU WISH TO APPEAL, REQUEST MUST BE MADE WITHIN 14 DAYS OF DENIAL.

APPEAL REQUEST: \_\_\_\_\_YES \_\_\_\_ NO. DATE OF REQUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR REQUEST \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NEXT REGULARLY SCHEDULED COUNCIL MTG \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_