

**CITY OF RICHMOND HEIGHTS PARKING LOT  
LICENSE APPLICATION**

Business Name: \_\_\_\_\_  
DBA Name: \_\_\_\_\_  
Mailing  
Address: \_\_\_\_\_  
\_\_\_\_\_

| FOR OFFICE USE ONLY:  
| Business License # \_\_\_\_\_  
| Amount Paid \$ \_\_\_\_\_  
| Payment type \_\_\_\_\_  
| Date \_\_\_/\_\_\_/\_\_\_\_\_ EE: \_\_\_\_\_

NUMBER OF EMPLOYEES: \_\_\_\_\_

BUSINESS ADDRESS in City of Richmond Heights (if different from above):  
\_\_\_\_\_

NAME AND ADDRESS (residence) of the manager in charge of said location:  
\_\_\_\_\_

OWNER NAME: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_

OWNER ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

IS BUSINESS INCORPORATED WITH THE MISSOURI SECRETARY OF STATE? \_\_\_\_\_  
IF SO, UNDER WHAT NAME? \_\_\_\_\_

The undersigned hereby certifies that \_\_\_\_\_, the applicant for this business license, (is) \_\_\_\_\_  
(is not) \_\_\_\_\_ required under the terms of the Missouri Worker's Compensation Act to maintain worker's compensation insurance  
for its employees.

APPLICATION IS HEREBY MADE to the City of Richmond Heights, Missouri for License to carry on the Business, Trade or  
Occupation of:  
\_\_\_\_\_

For the period January 1, 2017 to December 31, 2017 Original Date Business Began Operating  
in this location: \_\_\_\_\_

THE LICENSE FEE FOR A PARKING LOT SHALL BE COMPUTED AS FOLLOWS: one-half of one cent (.005) per square foot  
computed on the basis of seventy-five percent (75%) of the area of the lot.

STATE SPECIFICALLY WHAT THE BUSINESS DOES: \_\_\_\_\_  
\_\_\_\_\_

DESCRIBE THE SIZE OF LOT (SQUARE FOOTAGE): \_\_\_\_\_  
\_\_\_\_\_

**FAILURE TO SUBMIT STATEMENT ON OR BEFORE JANUARY 31<sup>ST</sup>** shall constitute a misdemeanor and shall result in a  
doubling of the basis for determining the license fee. Additionally, delinquent filing shall result in a penalty of 10% for the first month  
overdue and 1% for each additional month overdue.

**EMPLOYMENT OF UNAUTHORIZED ALIENS** is prohibited under Missouri Revised Statute section 285.530. By signing this  
form, you are certifying that you do not employ any such individual(s).

STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

ALL OF THE FOREGOING STATEMENTS MADE AS AN  
INDUCEMENT TO THE ISSUANCE OF THE LICENSE  
APPLICABLE ARE TRUE AND CORRECT.

\_\_\_\_\_  
Business

\_\_\_\_\_  
Signature