



City of Lake Ozark

P.O. Box 370
Lake Ozark, MO 65049
(573) 365-5378
(573) 365-4515 Fax

FOR OFFICE USE ONLY

Public Works Director: _____
Planning and Zoning: _____
Building Inspector: _____
Police Chief: _____
City Clerk: _____

Lic. # _____

APPLICATION FOR CITY OCCUPATIONAL LICENSE

\$50.00 FEE

LICENSES EXPIRE JUNE 30TH OF EACH YEAR

PLEASE PRINT

BUSINESS NAME: _____

OWNER NAME: _____

TYPE OF BUSINESS (GIVE DETAILS): _____

BUSINESS HOURS: _____

BUSINESS ADDRESS/ LOCATION: _____

BUSINESS EMAIL: _____

BUSINESS PHONE: _____

NIGHT CONTACT NAME: _____ PHONE NO: _____

MAILING ADDRESS: _____

PLEASE INDICATE OWNERSHIP STATUS:

INDIVIDUAL PARTNERSHIP CORPORATION

CORPORATE NAME: _____

CORPORATE ADDRESS: _____

CORPORATE PHONE NO: _____

MISSOURI SALES TAX NUMBER (ATTACH COPY): _____

PROPERTY OWNER NAME: _____

PROPERTY OWNER ADDRESS: _____

PROPERTY OWNER PHONE: _____

TRASH SERVICE REQUIRED: _____

UTILITIES CURRENT: YES NO

X _____
DATE

X _____
SIGNATURE OF PERSON COMPLETING APPLICATION

THE ISSUANCE OF A LICENSE SHALL NOT BE CONSTRUED AS A WAIVER OF ANY FURTHER REQUIREMENTS UNDER THE ORDINANCES OF THE CITY OF LAKE OZARK.

Commercial Occupancy Inspection Request

City of Lake Ozark, MO
Community Development

Fee \$35.00



911 Address:		Property Owner:	
Business Name:		Tenant Name:	
Describe Business Services Provided: _____			
Building Code Occupancy Use Group: <input type="checkbox"/> Assembly (church, restaurant, theater, etc.) <input type="checkbox"/> High-Hazard (chemicals, explosives, etc.) <input type="checkbox"/> Business (bank, clinic, office, barber, etc.) <input type="checkbox"/> Institutional (hospital, nursing home, etc.)		<input type="checkbox"/> Educational (school, child care, etc.) <input type="checkbox"/> Mercantile (retail, etc.) <input type="checkbox"/> Factory-Industrial (manufacturing, assembly) <input type="checkbox"/> Residential (hotel, motel, etc.) <input type="checkbox"/> Storage (warehouse, etc.)	
CHANGE OF: <input type="checkbox"/> Business <input type="checkbox"/> Tenant <input type="checkbox"/> Type of Use <input type="checkbox"/> Comm. New Construction			
Gross Floor Area of Building/Suite:		Number of Employees Per Shift:	
Number of Seats/Chairs(Assembly Use):		Number of Employees Per Shift:	
Total Number of Parking Spaces Reserved for This Business:			
Applicant Name:			
Applicant Address:			
Applicant City:		State:	Zip: Phone: ()
I certify that neither I, nor anyone who acts as my representative or agent, shall allow or authorize any person or persons to occupy the building identified in this application for any reason without the approval of the Lake Ozark Department of Community Development. I understand that unauthorized occupancies are unlawful. I also understand that no inspection will be scheduled without the original signatures from the applicant and property owner and that all utilities and utility fees required for the Occupancy Inspection are the responsibility of the property owner.			
Applicant Signature:		Date:	
Property Owner Signature:		Date:	

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ZONING	Zoning District:	Special Use Permit Approved: (Y) (N) (N/A)	
Sign Permit Required: (Y) (N)		Site Plan Approved: (Y) (N) (N/A)	
Comments:			
Zoning Signature:			Date:
The below signatures indicate the required infrastructure improvements are complete in accordance with Lake Ozark City Code and that all utility fees and deposits are current.			
Director of Public Works Signature:			Date:
City Collector/Utility Billing Signature:			Date:
BUILDING DEPARTMENT	Occupancy Approved: (Y) (N)		Date Approved:
OK for Business License: (Y) (N)		OK for Transfer of Utilities: (Y) (N)	Permit Closed:
Building Inspector Signature:			Date: