



City of Hannibal

Office of City Clerk

320 Broadway • Hannibal, MO 63401
Phone: 573-221-0111 • Fax: 573-221-8191

SECOND HAND & PAWNBROKERS BUSINESS DEFINITION & REQUIREMENTS

Section 15-213 Secondhand Dealer Means:

- (1) Every person who, at a regularly established store or store or location engages primarily in the business of buying from and selling to the public secondhand or used personal property; and
- (2) Every person who shall conduct sales to the public of secondhand or used personal property, commonly known as garage sales or rummage sales, on more than ten days in any calendar year.
(Code 1963, § 265.020; Code 1988, § 15-201; Ord. No. 3365, § 2, 10-4-1983)

Section 15-215 Purchases from Minors by Secondhand Dealers, Pawnbrokers

No pawnbroker or secondhand dealer shall purchase, or receive as a pledge or consignment from any individual under the age of 18 years any personal property without the written consent of the parent or guardian of such minor.

Section 15-216 Records - Secondhand Dealers

- (a) All secondhand dealers shall regularly keep records of all items purchased by them, excluding purchases of used clothing, invoiced purchases from other licensed dealers, or purchases of items of a resale value of \$20.00 or less. Such records shall contain such information as shall be specified by the chief of police, but must contain, among other entries, the following:
 1. The name and address of the person selling the item to the dealer
 2. The date and approximate time of the transaction
 3. A sufficient description of the article to permit it to be identified
- (b) Bulk purchases may be recorded as such so long as items so purchased are appropriately tagged by the dealer for later identification.
- (c) Entries in the record shall be kept by the dealer at substantially the same time that the transaction takes place, such record shall be subject at all time to inspection by the criminal investigation section of the police department and the sheriff and the prosecuting attorney of the county. Such records shall be kept for a period of three years from the date of purchase.
(Code 1963, § 265.170; Code 1988, § 15-204; Ord. No. 3365, § 2, 10-4-1983)

A criminal background investigation conducted by the Missouri Highway Patrol must be submitted to the Police Department along with the completed application. This investigation can be arranged through the Missouri State Highway Patrol at 573-751-3313. Please ask for a fingerprint search.



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**SECONDHAND & PAWNBROKERS BUSINESS OWNER CERTIFICATION
CITY OF HANNIBAL MISSOURI**

Date of Application _____

Name of Business _____

Exact Address of Business _____

Individual Ownership _____

Partnership _____

Corporation _____

Names, Residence Address, Telephone of Individual Owner, Partners, Officers or Directors, as applicable.

List all trade names used during the previous five years by the applicant and each person signing the application along with the locations of the prior establishments.

This application must be certified by the Chief of Police that no owner, partner, officer or director has been convicted of a felony or crime of deceit or involving stolen property.

Chief of Police _____

Approval Date _____

City Clerk _____

Approval Date _____

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable matter without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified.



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“Under oath, I affirm that I do not and shall not knowingly employ any person who is an unauthorized alien to perform work within the state of Missouri.”

IF CORPORATION, PRESIDENT AND SECRETARY MUST SIGN AND AFFIX THE CORPORATE SEAL.

(CORPORATE SEAL)

Print Name

Secretary's Signature

Applicant's or President's Signature

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

On this _____ day of _____, 20____, before me appeared
_____ and _____,

to me personally known, who, being by me duly sworn, did acknowledged said instrument to be their free act and deed IN TESTIMONY

WHERE OF, I have hereunto set my hand and affixed my official seal at my office in _____
_____ the day and Year first above written

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____

SUBMIT WITH LICENSE FEE: THIS MUST BE COMPLETED AND NOTARIZED BEFORE A LICENSE WILL BE ISSUED.



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Business License Number _____ Date _____

APPLICATION FOR BUSINESS LICENSE

City of Hannibal, MO
Building and Fire Departments
Marion County Health Department

Name of Company _____ Business Telephone _____

Business Address _____
(Street) (City) (State) (Zip)

Type of Business _____

Name of owner _____ Name of Manager _____
(Contact Person)

Home Address _____

Business Location is: Owned Leased or Rented

Name of Owner (Only if (leased or rented) _____

Applicant shall submit a site plan and a floor plan of business premises.

Federal ID or Social Security Number _____ State ID Number _____

Signature of Applicant _____ Date _____

Building Department Inspection
573-221-0111 (ext. 205)

	Approved	Disapproved	N/A
• Zoning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Off Street Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Handicap Parking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Handicap Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Handicap Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Building, Structural	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Electric System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Plumbing System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Number of Salon Chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Number of Tanning Beds	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Complies W/H1 Dist Rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: _____ Date: _____



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Fire Department Inspection
573-221-0657

	Approved	Disapproved	N/A
• Exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Exit Sign	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Protection System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Smoke Detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Alarms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Emergency Lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final Approval By: _____ Date: _____

Marion County Health Department Information
573-221-1166

Premises Meets the Requirements of the Marion County Health Department.

Final Approval By: _____ Date: _____

I state that I am the applicant and hereby declare all above statements to be true and correct. The business to be operated will be conducted in a fair, responsible and reasonable matter without misrepresentation, fraud, willful misconduct or false statement. If business ceases operation or license is suspended or revoked, all license, insignia, etc. will be immediately returned to the City Clerk. If there are changes or transfers of ownership, changes of address or changes in type of business conducted, the City Clerk will be notified.

NEW: Under oath, I affirm that I participate in a Federal Work Authorization Program and do not and shall not employ any person who does not have the legal right or authorization under Federal law to work in the United States. (Refer to Missouri House Bill 1549.)

IF CORPORATION, PRESIDENT AND SECRETARY MUST SIGN AND AFFIX THE CORPORATE SEAL.

(CORPORATE SEAL)

Print Name

Secretary's Signature

Applicant's or President's Signature

NOTARY PUBLIC

MY COMMISSION EXPIRES: _____



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REMINDER:

Two forms of ID are required to meet State requirements which mandate the City's attempt to verify citizenship. Acceptable documents are Birth Certificate, Driver's License, Social Security Card, or Passport.

ATTENTION: BUSINESSES SELLING GOODS AT RETAIL SALES:

New requirements as of January 1, 2009 as a directive from the State of Missouri, State Statutes (Section 144.083.2 & 144.083.4 RSMo) reads as follows:

The possession of a statement from the department of revenue stating no tax is due shall also be a prerequisite to the issuance or renewal of any city business license required for conducting business where goods are sold at retail. The statement of no tax due shall be dated *no longer than ninety (90) days before the date of the renewal of the city license.*

You may access this information on the DOR's Web site, seven days a week, 24 hours a day.

You will need your Missouri Tax Identification Number and Pin (the Dept. of Revenue has already assigned the PIN # and it can be found on the front of your return or voucher book.)

Go to: www.dor.mo.gov
Scroll down to under "What's New"
Click on *On-Line License No Tax Due Information
Log into on-line License No Tax Due System
Choose *Business Owner/Tax Payer

You will be able to print your own Statement of NO Tax Due to use when obtaining or renewing your business license.

NOTE****If your business does not make retail sales, you are not required to present a statement of no tax due to obtain or renew your license.

If you have any questions, please contact:

Missouri Department of Revenue
Taxation Division
816-889-2944



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Business Inspection Checklist- General Guidelines

This list shows only the most common fire codes. Other codes, not listed, may be applicable.

Floor Plan of Building

An 8" X 11" drawing of the floor plan must be submitted to the Fire Department. The drawing should include the following information:

- Approximate dimension of the exterior of the building
- Show all entrance and exits
- Show location of all utilities coming into the building
- Show all locations with any hazard
- Show each floor of building
- Show location of stairs in building

Exit Signs

Exit Signs are required unless it meets the following exceptions:

EXCEPTIONS:

- Exit signs are not required in rooms or areas, which require only one exit.
- Two exits or exit access doorways from any space shall be provided where **one** of the following conditions exist:
 - The occupant load exceeds 50 **or**
 - The common path of egress travel exceeds 75'
 - Main exterior exit doors or gates which obviously and clearly are identifiable as exits
 - There are other exceptions but these are the most common.

If you need help figuring the occupant load contact the Building Inspectors office at 221-0111 or the Hannibal Fire Department at 221-0657.

If exit signs are required then they shall be internally or externally illuminated at all times. Exit signs shall be connected to an emergency electrical system provided from storage batteries, unit equipment or on site generator.

Emergency lighting

If emergency lights are there then they need to work. If the business is going to be occupied during the evening hours then emergency lighting is required. They will need to be mounted so the path to the exit is lit up.

Light Bulbs

Exposed bulbs less than 8' either need covered or replaced with fluorescent bulbs. This is really important in small storage closets.

Wiring/Electrical

Wiring less than 8' needs to be protected from physical danger. Cords/wiring shouldn't run through walls. All junction boxes, outlets and switches need covered. All splices should be in a junction box. Any old wiring that is disconnected needs to be removed. A 30" clearance should be maintained in front of any electrical panel. All covers should be installed and any openings filled on the electric panel.

GFCI Outlets

GFCI outlets are required in any bathrooms, over counter tops with water present and on rooftops. We will recommend GFCI outlets in area's that are close to water such as mop sinks, sinks used in salons for washing hair, water fountains, ice machines etc.



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Extension cords

Extension cords can't be used in place of permanent wiring. Power strips with the built in circuit breaker can be used. The cords shouldn't be run under rugs or furniture.

Gas Shut Offs

Shut offs are required for each gas appliance. They should be on the outside within 6' of the appliance.

Address #'s

Address numbers need posted on each business on the street side of the building. The minimum size of lettering is 4" tall and ½" width.

Stock Clearance

Extra stock shouldn't be stored any closer than 24" to the ceiling. If the building is equipped with a sprinkler system then an 18" clearance should be maintained around the sprinkler head.

Fire Extinguishers

All businesses are required to have a fire extinguisher. The minimum size is a 2A10BC, also known as a 5-pound extinguisher. Fire extinguishers are required to be hung or mounted, no higher than 5' to the top of the extinguisher. They shall be easily seen and accessible. The fire extinguisher is required to have an annual inspection by a company or person that is trained. Some of the local companies that can provide this service are:

- **Huck Finn Fire Extinguishers**, 573-248-9750
- **Quincy Fire Equipment**, 217-223-0612
- **Getz Fire Equipment**, 800-747-3473

Suppression Systems

If the business has a commercial kitchen then a suppression system will be required. If there is a system already in place then it will be required to meet the current code(s). They are required to be inspected semi-annually. Any of the above listed companies should be able to help provide this service or information.

All commercial kitchens are required to have a Class K extinguisher.

A commercial kitchen is defined as any place that cooks for more than 16 people or occupants.

Building Repair

Any holes in ceilings or walls will need to be filled or repaired. Smaller holes can be filled with fire retardant expanding foam while larger holes will require drywall. Any missing ceiling tile will need to be replaced.

Water Heaters

Water heaters must have a pipe connected to the relief valve. The piping shall extend to within 6" of the floor. No combustibles shall be stored within 30" of the heater.

Furnaces/Heating Appliances

No combustibles shall be stored within 30" of the heater or furnace.

General Housekeeping

Keep aisle ways clear enough for emergency services access. Keep old merchandise/clutter to a minimum.



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Spray Finishing

Any spray rooms or booths will need to be protected by a sprinkler or suppression system. There are certain occupancies that require a sprinkler system only. These occupancies are Assembly, Educational, Institutional and Residential.

If you have any questions regarding these systems you can contact either the Building Inspectors office or the Hannibal Fire Department at the numbers listed above.

Sprinkler Systems

Sprinkler systems are required to have an annual inspection by a company or person that is trained in this area. Some of the companies listed above in the fire extinguisher section can provide this service.

If the building is protected by a sprinkler system then the system has to remain in service.



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MARION COUNTY EMERGENCY SERVICES

3246 Highway 61
Hannibal, MO 63401
Voice / TDD: (573) 221-1121
Fax: (573) 221-0694

KEYHOLDER REGISTRATION

Business Name: _____

Address: _____

Business Phone: _____ Fax: _____

Alarm Company Name: _____

Alarm Company Phone: _____

Please list at least three people that we can call in case of an after hours problem at your business:

Name: _____ Cell Phone: _____

Home / Other Phone: _____

Name: _____ Cell Phone: _____

Home / Other Phone: _____

Name: _____ Cell Phone: _____

Home / Other Phone: _____

Please list business hours, lights left on, cleaning crew & schedule, and any other information that may be relevant to your business after hours:

OFFICE USE ONLY

Entered in LAWMAN By: _____

Date: _____

GIS STAMP