



## SUB-MERCHANT APPLICATION AND AGREEMENT (SMAA)

SELECTION 1: SUB-MERCHANT INFORMATION					
Business/ Sub-Merchant (provide legal entity name):			Doing Business As (if applicable):		
City of Columbia Missouri					
Date of Formation		Approx. Years in Business		Business Address	
1819		200+		701 E. Broadway, Columbia, MO 65201	
Tax ID (FEIN)		Website (URL)		Business Phone	
43-6000810		www.como.gov		573-874-2489	
Primary Contact Name (For General Communications)		Primary Contacts Phone		Primary Contact Email	
Business Type (Select one)	Public <input checked="" type="checkbox"/>	Individual <input type="checkbox"/> Sole	Corporation <input type="checkbox"/> S-Corp	Partnership <input type="checkbox"/> General	Other <input type="checkbox"/> Non-Profit (501C)
	Private <input type="checkbox"/>	<input type="checkbox"/> Proprietorship <input type="checkbox"/> Individual	<input type="checkbox"/> C-Corp <input type="checkbox"/> LLC	<input type="checkbox"/> Partnership <input type="checkbox"/> Limited <input type="checkbox"/> Partnership	<input type="checkbox"/> Government <input type="checkbox"/> Other: _____
Has this business processed credit cards before?	Has this business ever been terminated from accepting credit cards from any network?	Will this business be running a presale prior to opening?		What payment methods will the business accept?	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> NA		<input checked="" type="checkbox"/> Debit <input checked="" type="checkbox"/> Credit <input type="checkbox"/> ACH	
Briefly describe the nature of the services provided by this business.			What types of payment would this business like to accept?		
			<input checked="" type="checkbox"/> In Person <input type="checkbox"/> Online <input type="checkbox"/> Telephone <input type="checkbox"/> Mail-in <input type="checkbox"/> Recurring Billing		
SECTION 2: TRANSACTION INFORMATION (all financial assumptions approximated in USD)					
Annual Card Volume (\$)	Avg Ticket (Card) (\$)	Annual ACH Volume (\$)	Avg Ticket (ACH) (\$)	Max. Ticket (ACH) (\$)	Max. Ticket Credit Card (\$)
261,451.24	\$61	\$0	\$0	\$0	\$65
Total Annual Sales - All Transactions (\$)					
SECTION 3: LOCATION INFORMATION (use additional pages if necessary)					
Location/Business Name		Business Address	Same as Sec. 1 address	Business Phone	
1	LA Nickell Golf Course/City of Columbia	1800 Parkside Dr Columbia, Mo 65202	<input type="checkbox"/>	573-499-4653	
2	Parks & Recreation Admin /City of Columbia	1 S 7th St Columbia, Mo 65201	<input type="checkbox"/>	573-874-7460	
3	Web Trac/City of Columbia	https://parks.como.gov/wbWSC	<input type="checkbox"/>	573-874-7700	
4	See Attached		<input type="checkbox"/>		
SECTION 4: MERCHANT ID INFORMATION (List one MID per row from the following options: Card Present, Web, Billing, or eCheck)					
Merchant ID Account Name (will appear on statement)	Associated Section 3 Location or Address	Type of MID	Annual Card Revenue	Service Fee	
1 Parks & Recreation-Web	Location#: 1 S 7th St Columbia, Mo 65201	Web	26k	<input type="checkbox"/>	
2 Parks & Recreation -In Person	Location#: 1 S 7th St Columbia, Mo 65201	In Person	235k	<input type="checkbox"/>	
3 LA Nickell & Lake of Woods Golf	Location#: 1 S 7th St Columbia, Mo 65201	Multiple	1.5M	<input type="checkbox"/>	
4	Location#: 1 S 7th St Columbia, Mo 65201			<input type="checkbox"/>	

**SECTION 5: CONTROL OWNER INFORMATION**

**Why Do We Need This Information?** We require certain information about your ownership for compliance with federal Know-Your-Customer (or "KYC") regulations promulgated by the Financial Crimes Enforcement Network Bureau of the U.S. Department of Treasury. KYC regulations seek to prevent financial crimes and the funding of terrorism, among other things. The information sought below is required by KYC regulations. (1) "Control Owner" must be provided. A Control Owner is not required to have an ownership interest in the Sub-Merchant and the Control Owner must be a natural person with significant responsibility to control, manage or direct the activities of the Sub-Merchant's business. Control Owners often have the title of CEO, CFO, COO, Managing Member, General Partner, President, or Treasurer.

CONTROL OWNER/AUTHORIZED CONTACT ( MUST BE A NATURAL PERSON) \* Denotes required fields for all applicants

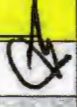

Full Legal Name *	Date of Birth *
Exempt as Government	n/a
Address (Home or Business) *	Title
n/a	n/a
Phone (Home or Business) *	Email *
n/a	n/a

**SECTION 6: BANKING INFORMATION** (A copy of a voided check or a bank letter with full account details listed will be required).  
**For multiple bank accounts only: Include the associated MID number from Section 4!**

Bank Name	Account Name	Routing Number	MID #	Account Number
Commerce Bank	City of Columbia			

**ACKNOWLEDGEMENT:** By signing below, Sub-Merchant expressly acknowledges that: (1) the individual signing this Sub-Merchant Agreement has the proper legal authority to bind the Sub-Merchant; (2) the Sub-Merchant's Application for payment services may be rejected in underwriting but, once accepted, will constitute a legally binding Sub-Merchant Agreement with the Payment Facilitator identified below; (3) all information provided herein is true and accurate to the best of Sub-Merchant's knowledge; (4) the Payment Service Terms and Conditions, and any other documents referenced as being part of the agreement, shall become part of this Sub-Merchant Agreement; (5) the Payment Facilitator's provision of payment services under the Sub-Merchant Agreement shall be expressly conditioned on Sub-Merchant's payment of all fees and other charges, and its compliance with VS's Terms of Service and Privacy Policy, as may be revised from time to time.

**AUTHORIZATION:** Sub-Merchant expressly authorizes the Payment Facilitator identified below to take the following actions: (1) to establish a primary merchant account with a payment processor of the Payment Facilitator's choosing; (2) to access Customer Data, including but not limited to Cardholder Data, for the purposes of providing the payment services contemplated by the Agreement; (3) to execute documents on Sub-Merchant's behalf, or to take any other action which the Payment Facilitator deems reasonably necessary to provide its payment services to Sub-Merchant as described herein; (4) to access Sub-Merchant's designated account(s) for purposes of received and accepting payments on settled transactions, together with any adjustments made on Sub-Merchant's behalf; (5) to collect any fees or other charges owed to Payment Facilitator, or any of Payment Facilitator's affiliates or subsidiaries, directly from the Sub-Merchant's EFT/ACH draft; (6) to set up a reserve account where Payment Facilitator considers it reasonably necessary to protect its legitimate business interests; (7) to withhold the remittance of any funds in accordance with lawful orders, garnishments and/or tax levies; (8) to recoup, retrieve or collect from any source of available funds, including but not limited to the Sub-Merchant's EFT/ACH draft, any Payment Facilitator expenditures related to Sub-Merchant's eCheck returns, chargebacks, negative accruals or overdrawn accounts; and (9) to transfer billed amounts to an account held by Payment Facilitator to facilitate the settling of transactions run at the Sub-Merchant's place or places of business.

<b>SUBMITTED AND AGREED TO BY:</b> (Sub-Merchant)		<b>ACCEPTED BY:</b> Vermont Systems Payment Facilitator	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
Name and Title	Date	Name and Title	Date
De'Carlton Seewood, City Manager		Patrick Hayden President	1/4/2024

APPROVED AS TO FORM:

By: \_\_\_\_\_  
 Nancy Thompson, City Counselor  
 FILE NAME: SMAA PUBLIC

Location	Address	Phone
ARC	1701 W Ash St Columbia, Mo 65203	573-874-7700
Armory	701 E Ash St Columbia, Mo 65201	573-817-5077
Hillcrest	1907 Hillcrest Dr Columbia, Mo 65201	573-874-7475
Oakland Pool	1900 Blue Ridge Rd Columbia, Mo 65202	573-474-5331
LOW Pool	6700 E St Charles Rd Columbia, Mo 65202	573-474-7878
Douglass Pool	400 N Providence Rd Columbia, Mo 65203	573-442-5019
Parks & Rec	1 S 7th St Columbia, Mo 65201	573-874-7460
LA Nickell Golf	1800 Parkside Dr Columbia, Mo 65202	573-499-4653
Lake of the Woods Golf	6700 E St Charles Rd Columbia, Mo 65202	573-499-4653
Rainbow Softball Center	1615 Business Loop 70 W. Columbia MO 65201	573-874-7460
Gans Creek Recreation Park	3360 E Gans Rd Columbia, Mo 65201	573-874-7460
Atkins	5220 N Oakland Gravel Rd Columbia, Mo 65202	573-874-7460
Columbia Sports Fieldhouse	4251 Philips Farm Rd Columbia, Mo 65201	573-874-7460
Parks Management Center	1507 Bus. Loop 70W Columbia, MO 65202	573.874.7201