



CITY OF ELLISVILLE
1 Weis Avenue
Ellisville, Missouri 63011
Phone: 636/227-9660 • Fax: 636/227-9486

BUSINESS LICENSE APPLICATION

Period of July 1, 20____ (or _____), through June 30, 20____

STEP 1: BUSINESS INFORMATION: Please supply the following information **INCLUDING CURRENT VALID EMAIL:**

Business Name: _____

Ellisville Address: _____ Zip Code: _____

Telephone: _____ Email: _____

Type of Business Activity: _____

Missouri Retail Sales Tax ID # _____ (Attach copy if new applicant, or changes were made)

Number of Persons Working in Ellisville (including yourself): Full-Time: _____ Part-Time: _____

Name of Owner(s) / Manager(s): _____

Address: _____

Telephone: _____ **Email:** _____

List Owner(s) of Vending Machines: _____

STEP 2: CALCULATE LICENSE FEE: You must use the method that is required for your business. District # _____

Gross Receipt Method: Includes the following types of businesses:

Manufacturer: Includes all businesses engaged in treating, processing, refining, improving, combining, fabrication, assembling, or otherwise adding to the utility value or appearance of commodities or personal property.

Merchant: Includes all businesses that conduct wholesale sales, retail sales, or sales as a jobber of goods, wares, or merchandise. Also includes any business that renders any services in connection with such sales.

Use your annual gross receipts earned between January 1 and December 31 of the most recently completed calendar year. If you were open for less than 12 months, you must estimate your annual gross receipts for a full year and base your payment on such estimate. The minimum fee is \$25.00.

_____ x \$0.50 per \$1,000 (.0005) = \$ _____ **License Fee Due: \$** _____

Gross Receipts Calculated Fee Minimum \$25.00

Square Footage Method: Includes the following types of businesses:

Business Occupation or Trade: Includes all businesses, trades, pursuits, professions, etc., with the exception of merchants, manufacturers and those specifically exempted by Revised Statutes of Missouri in Sections 71.620 and 337.70. Business occupations and/or trades also include persons renting or hiring property or facilities to others who conduct activities for which an admission is charged (shows, performances, spectacles, etc.) participation in contests/games, or admission charged for the use of facilities operated or maintained by the business.

Use the appropriate line below for your total number of square footage:

<u>Square Feet Occupied</u>	<u>Fee per Square Foot</u>	<u>Minimum Payment Required</u>
0 to 500	\$0.25 per square foot	\$ 25.00
501 to 1,000	\$0.20 per square foot	\$ 125.00
1,001 to 2,500	\$0.15 per square foot	\$ 200.00
2,501 to 5,000	\$0.10 per square foot	\$ 375.00
5,001 square feet and over	\$0.08 per square foot	\$ 500.00

_____ x _____ = \$ _____ **License Fee Due: \$** _____

Sq. Ft. Occupied Fee per Sq. Ft. Calculated Fee Larger of Calculated, or
Minimum from above

STEP 2: CALCULATE LICENSE FEE: (Continued)

Flat Fee Method: Use the amount listed below for the types of businesses listed:

Peddlers, Solicitors, Etc.	\$25/Day/Person; \$100 Minimum
Public Warehouse/Storage Business	\$1,000/Year
Vehicles (any type) involved in the Vending of Goods/Services	\$100/Vehicle/Year
Refuse Vehicles	\$100/Vehicle/Year
Offsite ATM Machines	\$100/Unit/Year
Home-Based Day Care	\$25/Year
Massage Therapist or Esthetician	\$75/Year per Massage Therapist or Esthetician

License Fee Due: \$ _____

Fee Exempt: Includes any nonprofit organization and occupations included in the Revised Statutes of Missouri in Sections 71.620 and 337.70. These operations should go directly to STEP 5 but should also submit the Emergency Contact Form.

Late Fees: Late fees are 5% for each month, or a portion of a month.

_____ x \$ _____ x 5% = \$ _____ **Late Fee Due:** \$ _____
of Months Late License Fee Calculated Fee

Go to **STEP 4** unless this is a new business.

Total Amount Due: \$ _____

STEP 3: ADJUSTMENT FOR PARTIAL YEAR LICENSE: Use to adjust your fees for a partial year license.

Partial Year License Fees: If the license is for a fraction of year only, complete the following equation:

_____ /12 x \$ _____ = \$ _____ **License Fee Due:** \$ _____
of Months Open Fee (from STEP 2) Calculated Fee

STEP 4: ATTACHED SUPPORTING DOCUMENTS: Applications will not be processed or approved unless the following information accompanies the application:

1. Documentation verifying the gross receipts figures used in this application, as well as, documentation verifying amounts excluded from the gross receipts formula for businesses that use the Gross Receipts Method to determine the license fee.
2. Each contractor must provide a copy of their Certificate of Insurance for Workers' Compensation coverage per Missouri Revised Statutes, Chapter 287.
3. A **"No Tax Due"** letter from the Missouri Department of Revenue for each business that has any retail sales. The contact information for the Missouri Department of Revenue is www.dor.mo.gov or 573-751-9268.

STEP 5: SIGNATURE: Please read the following agreement and sign below:

I acknowledge that the information I have set forth in this application is true and correct to the best of my knowledge. I further acknowledge that the City of Ellisville may request additional documentation to support the information set forth in this application, and that the City, if it so chooses, may audit the financial records of the business described in this application to determine if the information in this application is correct.

Name of Applicant (please print)

Signature of Applicant

Date

STEP 6: After Hours Emergency Contact Form

Fill out the next page: **Emergency Contact Form**. (Not required for home-based businesses)

OR fill the emergency contact form online by clicking on the following link below

<https://www.ellisville.mo.us/formcenter/general-8/emergency-contact-form-76>



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EMERGENCY CONTACT FORM

Emergency Contacts for **AFTER HOURS** in the event of burglary, fire, etc. at your Business/Company

Please PRINT or TYPE

ORGANIZATION NAME: _____

ADDRESS & ZIP: _____ **SUITE #:** _____

TELEPHONE NUMBERS: _____ - _____ - _____

FAX NUMBER: _____ - _____ - _____ **MAIN EMAIL:** _____

EMPLOYEES TO BE CONTACTED IN ORDER LISTED BELOW (After-Hour Telephone Numbers)

Contact Person #1 Name: _____

Home/Other Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____

Contact Person #2 Name: _____

Home/Other Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____

Contact Person #3 Name: _____

Home/Other Phone: _____ - _____ - _____ **Cell Phone:** _____ - _____ - _____

ALARM COMPANY NAME: _____

ALARM COMPANY TELEPHONE NUMBER: _____ - _____ - _____

ADDITIONAL INFORMATION: (Pets on premise, etc) _____

of Persons Working: (Full Time) = _____ (Part-Time) = _____ TOTAL People Working There: _____

ALL information needs to be filled out so the Police Department can make emergency contact when necessary. Any time you have changes in emergency contact listing, please notify us so your information can be updated.

Please type or print neatly. Mail or email form and/or changes to akalliongis@ellisville.mo.us and cc businesslicense@ellisville.mo.us or fax to 636-227-9486