



City of Dellwood
Temporary Address

10266 W. Florissant
Dellwood, MO 63136

Phone: (314) 521-4339 Fax: (314) 521-4699

BUSINESS LICENSE APPLICATION – 2019

For the purpose of obtaining a license to conduct business in the City of Dellwood, please complete the following. Return this application with a check or money order made payable to: CITY OF DELLWOOD at the above address.

BUSINESS NAME: **BUSINESS PHONE:**

BUSINESS DESCRIPTION:

ADDRESS: **BUSINESS FAX:**

EMERGENCY CONTACT: **EMERGENCY PHONE:**

OWNER OF BUSINESS: **E.I.N. / SS#:**

ADDRESS: **PHONE:**

CITY, STATE, ZIP:

MANAGING OFFICER: **E.I.N. / SS#:**

ADDRESS: **PHONE:**

CITY, STATE, ZIP:

Your 2019 application, attachments and fee must be turned in by February 1, 2019. A late fee of 5% will be charged if turned in during the month of February and 1% each additional month it is late.

SERVICE OCCUPATION LICENSE FEE AMOUNT: \$. If your business also sells merchandise in any form, complete the next section and add the calculated amount to the Service Occupation license fee to determine the amount due for the 2019 Business License.

GROSS RECEIPTS FOR THE PERIOD OF JANUARY 1, 2018 TO DECEMBER 31, 2018 WAS: \$
To compute GROSS RECEIPTS fees, calculate \$1.25 per every \$1,000 of gross receipts. (Minimum fee is \$50.00).

$$\frac{\text{Gross Receipts}}{\$1,000} \times 1.25 = \$ \text{ } \text{ Your Gross receipts License Fee.}$$

A State of No Sales Tax Due from the Missouri Department of Revenue must be attached. Missouri Sales Tax forms must accompany this application as verification of gross receipts for the past 12 months.

CHECK ONE OF THE FOLLOWING

- Business is NOT required to retain Worker's Compensation Insurance according to the Missouri State Statute.
- Business required Worker's Compensation Insurance (attach copy of the certificate of insurance).

Insurance Company: Phone:

Office Use Only
 LICENSE FEE: _____ LATE FEE CHARGED: _____ DATE PAID: _____
 RECEIVED BY: _____ CASH/CHECK/MONEY ORDER LICENSE NBR: _____
 COPY OF STATEMENT NO SALES TAX DUE: _____ PHOTO COPY OF CHECK AND ENVELOPE: _____