



CITY OF CREVE COEUR
300 N. NEW BALLAS RD.
CREVE COEUR, MO 63141
314-432-6000
www.creve-coeur.org

BUSINESS LICENSE RENEWAL APPLICATION/INVOICE CALENDAR YEAR 2017

DELINQUENT AFTER MARCH 15, 2017

COMPANY NAME _____ MISSOURI RETAIL SALES TAX NUMBER _____

CREVE COEUR ADDRESS _____

CREVE COEUR MANAGER'S NAME _____ MANAGER'S EMAIL ADDRESS: _____

WOULD YOU LIKE TO RECEIVE THE CREVE COEUR BUSINESS NEWSLETTER? Y ___ N ___

ADDITIONAL EMAIL ADDRESSES FOR NEWSLETTER _____

COMPANY PHONE _____ FAX _____ WEBSITE _____

BILLING ADDRESS _____ BILLING CITY, STATE, ZIP _____
 (if different from above)

NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES _____ NAICS CODE (IF KNOWN) _____

TYPE OF BUSINESS: OFFICE _____ RETAIL _____ MFG _____ WAREHOUSE _____

CHECK ONE OF THE FOLLOWING: CORPORATION ___ PARTNERSHIP ___ INDIVIDUAL/PROPREITORSHIP ___ LLC ___

DESCRIPTION OF BUSINESS (please be specific) _____

TOTAL SQUARE FEET OF BUSINESS _____

X \$30 PER THOUSAND SQUARE FEET OR ANY PORTION OF A THOUSAND*

BUSINESS LICENSE FEE _____
 (\$40.00 MINIMUM/\$1,000.00 MAXIMUM)

***PLEASE SEE BACK FOR INSTRUCTIONS & RATES**

I DO HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS CORRECT PER SECTIONS 605.010 THRU 605.130 OF THE CITY CREVE COEUR CODE.

NAME (PLEASE PRINT) _____

TITLE _____ TELEPHONE _____

SIGNATURE _____ DATE _____

A CHECK MUST ACCOMPANY THIS APPLICATION

(OFFICE USE ONLY)

DATE PAID (stamped) _____ LICENSE NUMBER _____ LICENSE FEE AMOUNT PAID \$ _____

**CITY OF CREVE COEUR
BUSINESS LICENSE APPLICATION INSTRUCTIONS**

IMPORTANT READ THIS NOTICE BEFORE FILING 2017 BUSINESS LICENSE

The following documentation will be required before your City of Creve Coeur Business License can be issued.

- 1) According to state law, the possession of a retail sales license and a statement from the State Department of Revenue that the licensee owes no sales tax to the state shall be a prerequisite to the issuance or renewal of any City license which is required for business where goods are sold at retail. The date of issuance on the statement obtained from the State Department of Revenue that the licensee owes no tax due shall be no more than ninety days before the submission for application renewal of the City of Creve Coeur Business License. Please call 1-573-751-5860 (State of Missouri), give your tax ID number and request a "letter of no sales tax due" to be mailed to you. If your business is not involved in retail sales then the above documentation is not required.

- 2) Any applicant for a City of Creve Coeur occupational or business license which is a contractor in the construction industry shall provide with its application a certificate of insurance for workers compensation coverage or an affidavit, on the form developed by the State Division of Workers' Compensation, signed by the applicant attesting the contractor is exempt from providing such coverage.

Failure to provide the foregoing documentation when required shall invalidate any City of Creve Coeur Business License.

If you have any question please contact Catie Melvin at 314-872-2510. Your cooperation is appreciated.

For Manufacturers/Warehouses

\$20.00 per 1,000 square feet or any portion of a thousand.

Minimum annual license fee \$ 40.00

Maximum annual license fee \$1,000.00

example: warehouse is 12,432 square feet, round up to 13,000 and multiply 13 by \$20.

Your Business License fee would be \$260.00

Not for Profit Organizations

No fee. Must provide either IRS exemption letter or most current IRS 990 form. Please complete enclosed application.

All other Businesses

\$30.00 per 1,000 square feet or any portion of a thousand

Minimum annual license fee \$ 40.00

Maximum annual license fee \$1,000.00

example: business is 2,123 square feet, round up to 3,000 and multiply 3 by \$30. Your

Business License fee would be \$90.00

Penalty: The amount for business license taxes paid after the delinquent date (March 15) shall be as follows:

March 16 - April 16 5% of Fee

April 17 - May 17 10% of Fee

May 18 - June 18 15% of Fee

June 19 - July 19 20% of Fee

July 20 – end of year 25% of Fee

DO YOU HAVE VENDING MACHINES LOCATED AT YOUR BUSINESS? YES _____ NO _____

NUMBER OF VENDING MACHINES _____ CURRENTLY LICENSED _____

VENDING COMPANY & ADDRESS _____

Thank you for your cooperation and we wish you success in your future endeavors.



CREVE COEUR POLICE DEPARTMENT

BUSINESS EMERGENCY CONTACT INFORMATION

300 N. New Ballas Rd.
Creve Coeur, MO 63141
314-432-8000

Submitting this form allows local police to contact you, in the event of an incident (burglary, fire, etc.) at your business. Information will be used only in the event of an emergency.

Instructions

Thank you for submitting the Emergency Contact Information for your business. This information will only be used in the event of an after-hours emergency or incident at your business. Information will not be shared outside of law enforcement agencies and the fire department. All information is optional. **It is the responsibility of the Business Owner(s) to contact the Creve Coeur Police Department with updated or new contact information.** Updates are accepted as often as is necessary.

In the event of incident, emergency responders may request that an authorized person respond to the business to reset a ringing alarm, represent an owner's interests or secure the property after a fire or break-in. It would be necessary for that person to respond with keys to the property and a proper alarm code if applicable.

Please provide the information requested below, providing as many details as possible.

Business Information

Section 1	INSTRUCTIONS: If your business name is indicated by any signage on the exterior of the building, list that business name . If the main phone number is answered with a recording or automated attendant, indicate an inside phone number by which an employee can be reached immediately , if one is available.		
	BUSINESS NAME		MAIN BUSINESS PHONE # (PUBLIC)
	BUSINESS ADDRESS (FLOOR/SUITE/BUILDING)		PREMISE INSIDE PHONE # (IF DIFFERENT)
	HOURS OF OPERATION	TYPE OF BUSINESS (OFFICE, GAS STATION, ETC.)	WEBSITE
Section 2	INSTRUCTIONS: Complete this section only if the business is monitored by a 24-hour alarm company , or if a private security firm patrols the business property. Otherwise, skip this section.		
	ALARM COMPANY	ALARM COMPANY PHONE # (IF KNOWN)	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
	PRIVATE SECURITY COMPANY	PRIVATE SECURITY COMPANY PHONE #	ACCOUNT NAME OR NUMBER (IF APPLICABLE)
Section 3	INSTRUCTIONS: Indicate any special instructions for finding your business or accessing the business property. Also note any gate codes . Otherwise, skip this section.		
	SPECIAL INSTRUCTIONS OR DIRECTIONS		GATE CODE (IF APPLICABLE)

Emergency Contact Information

Contact 1	CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE	MOBILE PHONE
Contact 2	CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE MOBILE PHONE	MOBILE PHONE
Contact 3	CONTACT NAME	TITLE (E.G., OWNER, EMPLOYEE)
	HOME PHONE MOBILE PHONE	MOBILE PHONE