To All St. John Businesses:

BUSINESS LICENSES EXPIRE DECEMBER 31ST OF EVERY YEAR. RENEWALS ARE DUE PRIOR TO MARCH 1ST.

Any applications received at this office on or after March 1st will be subject to penalties as provided for in the Municipal Code. This includes an appearance in our Municipal Court and the closing of the business until compliance is reached.

Please be sure to include all the necessary information when returning your application or it will be returned to you for completion. The following is a brief guideline of what is needed:

BUSINESSES WITH SET RATES need to complete and return the application for business license, a copy of current driver license, and a check for the appropriate amount due. A copy of the fee schedule is included for your reference.

BUSINESSES BASED ON GROSS SALES, SERVICE FEES, ETC need to complete and return the application for business license, the license fee worksheet, the NOTARIZED affidavit of sales, fees, etc; and copies of the business’s state sales tax return or coupons for the past year.

Please keep in mind that pursuant to the Municipal Code, all partial dollar figures are to be rounded up to the next thousand. (For example, $31,485 rounds up to $32,000).

Gross sales include all sales from your St. John business. Do NOT include sales taxes in your gross sales figures.

Pursuant to State Statue, all businesses employing five or more employees are required to provide workman’s compensation insurance. In addition, the City is required to verify this coverage prior to the issuance of a business license. Therefore, a copy of your current
workman’s compensation insurance certificate must be provided to the City. This certificate must show that current coverage is in effect. **If you employ less than five employees and don’t supply workman’s comp insurance, a notarized statement stating same must be returned in lieu of the workman’s compensation certificate. Applications will not be accepted if the notarized statement is not submitted.**

Tow Truck businesses will need to provide proof of insurance pursuant to the City Code. The insurance requirements are listed on the last page of the Miscellaneous Business License listing.

**STATE TAX I.D. NUMBER AND/OR FEDERAL EMPLOYER I.D. NUMBER:** Due to the increasing problem of businesses not registering with the State or being registered in the wrong City, **all applicable businesses must supply their Missouri Tax Identification Number and/or their Federal Employer Identification Number (FEIN) on their license application.** For those businesses with multiple branches, this is the number registered to the **St. John Branch. Applications will not be issued without this information.**

**PROOF OF NO STATE TAXES DUE:** Effective January 1, 2009 the Missouri Department of Revenue (DOR) requires that the renewal of each business license must include a statement from the DOR which states that the applicant does not owe any state sales or income taxes. DOR has developed a web-based, no tax due inquiry system for use either by the applicant. The intent is to ensure that all sales and income taxes are current before the applicant receives a business license.

As in past years, no applications can be processed without all the necessary forms/documents being submitted. Any incomplete applications will be returned **WITHOUT** processing, and the City will not be responsible for any time lost due to applications being returned to you for completion.

All renewal business licenses are due prior to March 1st of each year. Any renewal license application submitted on or after the 1st day of March will incur a late fee of $25. In addition to the $25.00 penalty, an additional fee of $10 per month (or any portion thereof) will be assessed beginning with March 1st and continuing each month thereafter until such time that a completed license application and applicable fee have been submitted to the City. If you have to send your application to another location to be completed, the completed application and all required documents must still be in our office prior to March 1st or a penalty and late fee(s) will apply. If your application is sent to us incomplete, you must still return it and all required documents in prior to March 1st or a penalty and late fee(s) will apply.

St. John Businesses
It is the business’ responsibility to apply for a license by the required date; just as it is an individual’s responsibility to renew their license plates for their vehicle with the Department of Revenue; whether or not they receive the renewal notice in the mail. It is the business’ responsibility to obtain the application either by coming into City Hall, or downloading it from our website at www.cityofstjohn.org. Businesses which have to send the license application to a different location need to do so. Keep in mind all applications must still be submitted prior to March 1st or late fees will apply.

Thank you for your cooperation and understanding in this matter. If you have any questions, please do not hesitate to contact me.

Sincerely,

Connie S. Poteet

Connie S. Poteet
Asst City Manager/
Deputy City Clerk
Chapter 610. Miscellaneous Business Licenses — Regulations

Article I. In General

Section 610.020. Fees Prescribed.


A. License Fees Generally.

1. For the various businesses listed below, the following yearly business license fees are set:
   [Ord. No. 1111 § 1, 11-21-2016]

   Banks/lending institutions, etc. $750.00
   Funeral homes and crematories $500.00
   Ice cream vendors (mobile) $50.00
   Loan companies
   (i.e. Pay day loans, title loans, check cashing loans, etc.) $400.00
   Nursing homes (per State licensed bed). $10.00
   Office with no sales (per square foot) $0.10
   Off-site ATM machines (per machine) $300.00
   Solicitors (door-to-door per person) $50.00
   See Subsection (C) hereof also
   Towed vehicle temporary storage lots $250.00
   Trash haulers $150.00
   Warehouses (per square foot) $0.10

2. In the instance that any of the above-stated fees calculate out to an amount lower than the minimum license fees, the minimum retail license fees will prevail.

3. For businesses which will be converting from a flat rate license fee to a gross sales/service fee rate, a "three (3) year phase-in" period is hereby created. Businesses will pay one-third (1/3) of the business license fee due under the new schedule the first (1st) year, two-thirds (2/3) of the business license fee due under the new schedule the second (2nd) year, and the full amount due under the new schedule the third (3rd) year and each year thereafter. The phase-in period will not apply to any business who did not have a business license issued at the time of the August 5, 2003 election.
B. All businesses not listed herein shall be taxed on gross sales unless a specific license is issued to that business under another Section of this Title.

C. **Canvassers, Peddlers, Solicitors And Political Solicitors.**

1. Canvassers, peddlers, solicitors and political solicitors for profit must register with the City Manager's office and upon payment of a fee of fifty dollars ($50.00) per person so canvassing, peddling or soliciting, shall receive proper identification therefore, to conduct said business during daylight hours only.

2. Canvassers, peddlers, solicitors and political solicitors, not for profit, must register said organization with the City Manager's office and obtain identification for each person of the organization so canvassing, peddling or soliciting. Soliciting may be conducted during daylight hours only, with no charge therefore.

D. No person or organization shall be granted a license under this Section unless such person or organization is of good moral character. It is the City Manager's responsibility to determine if an applicant is of good moral character.

E. The yearly license fee is based on the guidelines as set forth in Section 605.090. No license to operate a tow truck shall be issued until and unless the applicant shall first obtain a policy of insurance from a company authorized to do business in the State of Missouri or a bond of indemnity, acceptable to the City Manager, with limits for bodily injury liability of at least twenty-five thousand dollars ($25,000.00) for each person, fifty thousand dollars ($50,000.00) for each accident and property damage liability of ten thousand dollars ($10,000.00) for each accident.
CITY OF ST. JOHN, MISSOURI
APPLICATION FOR 2021 BUSINESS LICENSE

NEW_______ RENEWAL _____

BUSINESS NAME: __________________________ ADDRESS: __________________________

BUSINESS DESCRIPTION: _______________________________________________________

_________________________________________ OWNER FULL HOME ADDRESS

BUSINESS OWNER NAME

_________________________________________ MGR. FULL HOME ADDRESS

SITE MGR. NAME

_________________________________________ BUILDING OWNER PHONE #

BUILDING OWNER NAME

ST. JOHN BUSINESS PHONE #: __________________ PHONE CO. NAME
BUSINESS OWNER HOME PHONE #: __________________
SITE MGR. HOME PHONE #: __________________

ALARM CO. NAME, ADDRESS, & PHONE # (IF APPLICABLE): ___________________________

NAME & ADDRESS OF TRASH HAULING CO.: ___________________________

IF SAID LICENSE IS GRANTED, I AGREE TO COMPLY WITH AND ABIDE BY ALL ORDINANCES OF CITY OF ST. JOHN PERTAINING THERETO.

DATE ______________________ APPLICANT SIGNATURE ______________________

For Office Use Only

LICENSE # ISSUED: _____________
DATE ISSUED: _____________
LICENSE FEE: _____________
PENALTIES: _____________
TOTAL PAID: _____________

For Business Owner/Mgr

BUSINESS TYPE (CHECK ONE)
RETAIL_________
WHOLESALE_________
MFG_________
SERVICE_________
TYPE OF OWNERSHIP: SOLE OWNER
PARTNERSHIP (# OF PARTNERS)
CORPORATION

IF PARTNERSHIP, ATTACH A LIST OF EACH PARTNER’S NAME, FULL ADDRESS & PHONE # AND PERCENTAGE OF COMPANY THEY OWN. (FOR EXAMPLE: 1/2, 1/3, 2/3, ETC.)

IS THIS THE MAIN OFFICE? YES NO
IF NOT THE MAIN OFFICE, IS THIS A BRANCH OF THE BUSINESS? 

IF THIS IS A BRANCH, GIVE COMPLETE NAME, ADDRESS, & PHONE # OF THE MAIN COMPANY:

DO SALES GO THROUGH THIS OFFICE OR THE MAIN COMPANY? 

E-MAIL ADDRESS: 

WEBSITE ADDRESS: 

TOTAL # OF EMPLOYEES

STATE SALES TAX # FOR THE ST. JOHN BUSINESS:

FEDERAL EMPLOYER I.D. # OR SOCIAL SECURITY #: 

CONTACT PERSON IN SALES TAX DEPT. (REQUIRED IF APPLICABLE)

_________________________________________  ___________________________
FULL NAME          PHONE NUMBER

NOTE: THE STATE SALES TAX, FEDERAL EMPLOYER I.D. AND SOCIAL SECURITY NUMBERS ARE MANDATORY FOR APPLICABLE BUSINESSES.

TO ENSURE THAT UTILITY TAXES ARE APPLIED TO THE CORRECT MUNICIPALITY, PLEASE INCLUDE THE NAME OF YOUR LOCAL PHONE COMPANY WHEN LISTING PHONE NUMBER ON THE APPLICATION.
AFFIDAVIT OF GROSS SALES, AGGREGATE GOODS, & SERVICE FEES

On this ______ day of ____________________, 20______, before me personally appeared:

Name of Applicant                        Title

Home Address          City         State         Zip

Business Name          Business Address

Who stated the sum of $_________________ constituted the total gross sales/aggregate dollar amount of goods manufactured/service fees/etc. for the above named business for the year 2020 (Beginning Jan. 1st and ending Dec. 31st), and who further stated the sum of $_________________ constitutes the total estimated gross sales/aggregate dollar amount of goods to be manufactured/service fees/etc. for the year 2021 )Beginning Jan. 1st and ending Dec. 31st).

____________________________________
Applicants Signature

Subscribed and sworn to before me this _____ day of ____________, 2021.

____________________________________
Notary Public

My Commission Expires:
LICENSE FEE WORKSHEET FOR
RETAIL/WHOLESALE BUSINESSES

(BASED ON GROSS SALES AND/OR SERVICE FEES)

2021 ESTIMATE $__________

A. $0 - $25,000 .............................. 150.00 (MINIMUM FEE) $__________ 150.00

B. $25,001 - $1,000,000 .............. $1.00/$1,000 OR FRACTION THEREOF
   In addition to amounts on line (A) $__________

C. $1,000,001 - $2,000,000 ............ $.75/$1,000 OR FRACTION THEREOF
   In addition to amounts on lines (A) & (B) $__________

D. $2,000,001 & OVER .................... $.60/$1,000 OR FRACTION THEREOF
   In addition to amounts on lines (A), (B) & (C) $__________

E. ............................................... SUBTOTAL $__________

F. ............... WHOLESALe MERCHANTS ONLY – SUBTOTAL X 80% $__________
   ($150.00 MINIMUM FEE)

G. ............................................... TOTAL DUE ON ESTIMATE $__________

2020 ACTUAL FIGURES

2020 Actual Gross $__________

2020 Estimate Paid On (Minimum of $25,000) $__________

Add or Subtract 2020 Final difference $__________

Difference between 2020 Actual and Estimate $__________

TOTAL DUE FOR 2021 $__________

Final Difference (Difference x Tax Amount
On Line B, C or D above, whichever one applies) $__________

Please feel free to call us if you need help in how to do the calculations.
LICENSE FEE WORKSHEET FOR MANUFACTURERS

(BASED ON AGGREGATE DOLLAR AMOUNT OF GOODS MANUFACTURED)

2021 ESTIMATE $________________

H. $0 - $25,000 . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . 225.00 (MINIMUM FEE) $_________ 225.00

I. $25,001 - $1,000,000 . . . . . . . . $1.00/$1,000 OR FRACTION THEREOF
   In addition to amounts on line (H) $________________

J. $1,000,001 - $2,000,000 . . . . . $ .75/$1,000 OR FRACTION THEREOF
   In addition to amounts on lines (I) & (J) $________________

K. $2,000,001 & OVER . . . . . . . . . . . . $ .50/$1,000 OR FRACTION THEREOF
   In addition to amounts on lines (I), (J) & (K) $________________

L. . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . TOTAL DUE ON ESTIMATE $________________

2020 ACTUAL FIGURES

2020 Actual Gross $______________ 2021 Estimate (Line L Above) $________________

2020 Estimate Paid On
(Minimum of $25,000) $______________ Add or Subtract

2020 Final difference $______________

Difference between
2020 Actual and Estimate $______________ TOTAL DUE FOR 2021 $______________

Final Difference
(Difference x Tax Amount
On Line I, J or K above,
whichever one applies) $______________

Please feel free to call us if you need help in how to do the calculations.
2021

CITY OF ST. JOHN, MISSOURI
APPLICATION FOR SEPARATE BUSINESS LICENSE

In addition to the regular business license, there are separate license fees required for certain businesses. If an item below applies to you, please check and submit the additional license fee.

BUSINESS NAME

_____ Retail Sales of Tobacco Products ...........................................
$125.00 (Cigarettes not sold in Vending Machines)

_____ Off-Site Bank ATM machines (per machine) .........................
$300.00

APPLICANT SIGNATURE
PHOTO ID/REQUIRED CHECKS

NEW BUSINESSES
Criminal record checks and Photo ID’s must be supplied on all owners and managers for new businesses. Please contact the St. Louis County Police Record Department, 7900 Forsyth, Clayton, MO 63105, (636)-529-8210 or The Missouri State Highway Patrol (1-573-751-3313) and attach a copy of the fingerprint card(s) and record check(s) with your new business license application.

RENEWAL LICENSES
For renewals, you must submit a current State Issued Photo ID or Driver’s License with your renewal application for owners and managers.

PLEASE ATTACH OWNERS’ AND LOCAL MANAGERS’ CURRENT ID TO THIS FORM. IF MANAGER IS NOT ON-SITE, INCLUDE AN ON-SITE EMPLOYEE ID AS WELL.
EMERGENCY CONTACTS

It is mandatory that all business owners and/or managers submit at least three emergency contact persons who can be reached after normal business hours in the event of an emergency. The City of St. John Police Department needs to have on file the name, complete home address, and phone number(s) of each contact person so that someone can be reached in case of an emergency.

NOTE: IF OWNER AND/OR MANAGER WANTS TO BE CONTACTED, INCLUDE THEIR INFORMATION BELOW AS ONE AND/OR TWO OF THE CONTACTS.

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

| 2.   |         |       |

| 3.   |         |       |

ST. JOHN BUSINESS NAME:______________________________________________

BUSINESS ADDRESS:____________________________________________________
Pursuant to State Statute, all businesses employing five or more employees are required to provide proof of workman’s compensation insurance. In addition, the City is required to verify this coverage yearly prior to the issuance of a business license.

In the event you employ less than five employees and do not supply workman’s compensation insurance, please fill out the form below and have it notarized. This notarized statement for less than five (5) employees will be accepted in lieu of a workman’s compensation certificate.

On this____ day of________________ , 20____, before me personally appeared:

Name of Applicant:__________________________________________________________

St. John Business
Name______________________________________________________________
Title_______________________________________________________________
Business Address_____________________________________________________

I, _____________________________________, do hereby swear that I employ less than five (5) employees (including myself) in my business at the above stated address and do not provide Workmen’s Compensation Insurance for my employees.

Applicant’s Signature ________________________________  Dated: ______________

Subscribed and sworn to before me this _____day of ______________, 20____

Notary Public: ______________________________________
My Commission Expires:______________________________

Notary Seal Below: