



CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114

314-427-8700 Fax: 314-427-6818 www.cityofstjohn.org

To All St. John Businesses:

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

Any applications received at this office after 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).

St. John Businesses

Page Two

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

Pursuant to State Statute, 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 effective. 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.

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 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. Renewal Licenses will not be issued without this information.**

PROOF OF NO STATE TAXES DUE: Effective January 1, 2009 the **Missouri Department of Revenue (DOR)** has required that the renewal of each business license must include a statement from them 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 or the City. 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 necessary forms 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.

St. John Businesses

Page Three

The City will mail renewal notices via postcard once annually to the St. John business location. It is the business's 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 main office need to do so immediately upon receipt of the renewal notice.

Please note that although the City does send out renewal notices **once** each year for your convenience, it is the business owner's responsibility to apply for a license by the requirement 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.

I would personally like to thank those of you who respond promptly to renewing your business licenses each year, and who send in all required paperwork in a timely manner. It makes the processing of your application run quickly and smoothly.

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

Sincerely,

Donna R. Davis
City Clerk

Section 610.020. Fees Prescribed. [CC §7.56; Ord. No. 349 §2, 12-5-1988; Ord. No. 765 §§2 – 3, 5-19-2003]

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	\$400.00
(i.e. Pay day loans, title loans, check cashing loans, etc.)	
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 ($\frac{1}{3}$) of the business license fee due under the new schedule the first (1st) year, two-thirds ($\frac{2}{3}$) 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.

Section
610.020

Section
610.020

- 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 2018

BUSINESS LICENSE

NEW _____ RENEWAL _____

BUSINESS NAME: _____ ADDRESS: _____

BUSINESS DESCRIPTION: _____

BUSINESS OWNER NAME

OWNER FULL HOME ADDRESS

SITE MGR. NAME

MGR. FULL HOME ADDRESS

BUILDING OWNER NAME

BUILDING OWNER PHONE #

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

X _____
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.



CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114
314-427-8700 Fax: 314-427-6818 www.cityofstjohn.org

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 2017 (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 2018 (Beginning Jan. 1st and ending Dec. 31st).

Applicants Signature

Subscribed and sworn to before me this _____ day of _____, 20_____

Notary Public

My Commission Expires:

**LICENSE FEE WORKSHEET FOR
RETAIL/WHOLESALE BUSINESSES**

(BASED ON GROSS SALES AND/OR SERVICE FEES)

	<u>2018 ESTIMATE</u>	\$ _____
A. \$ 0 - \$ 25,000	\$ 150.00 (MINIMUM FEE)	\$ _____
B. \$ 25,001 - \$ 1,000,000	\$ 1.00 / \$ 1,000 OR FRACTION THEREOF In addition to amounts on (A)	\$ _____
C. \$ 1,000,001 - \$ 2,000,000	\$.75 / \$ 1,000 OR FRACTION THEREOF In addition to amounts on (A) & (B)	\$ _____
D. \$ 2,000,001 & OVER	\$.60 / \$ 1,000 OR FRACTION THEREOF In addition to amounts on (A) (B) & (C)	\$ _____
E.	SUBTOTAL	\$ _____
F.	WHOLESALE MERCHANTS ONLY – SUBTOTAL X 80%	\$ _____
G.	TOTAL DUE ON ESTIMATE	\$ _____

2017 ACTUAL FIGURES

2017 Actual Gross	\$	_____
2017 Estimate Paid On (Minimum of \$25,000)	\$	_____
Difference (Actual minus estimate)	\$	_____
Final Difference (Difference x Tax Amount on line B, C, or D above, which- ever one(s) apply)	\$	_____

SUMMARY

<u>2018 Estimate</u> (Line G above)	\$	_____
Add or subtract 2017 final difference.	\$	_____
TOTAL DUE FOR 2018	\$	_____

**LICENSE FEE WORKSHEET FOR
MANUFACTURING BUSINESSES**

(BASED ON AGGREGATE DOLLAR AMOUNT OF GOODS MANUFACTURED)

	<u>2018 ESTIMATE</u>	\$ _____
H. \$ 0 - \$ 25,000	\$ 225.00 (MINIMUM FEE)	\$ _____
I. \$ 25,001 - \$ 1,000,000	\$ 1.00 / \$ 1,000 OR FRACTION THEREOF In addition to amounts on (H)	\$ _____
J. \$ 1,000,001 - \$ 2,000,000	\$.75 / \$ 1,000 OR FRACTION THEREOF In addition to amounts on (H) & (I)	\$ _____
K. \$ 2,000,001 & OVER	\$.50 / \$ 1,000 OR FRACTION THEREOF In addition to amounts on (H) (I) & (J)	\$ _____
L.	TOTAL DUE ON ESTIMATE	\$ _____

2017 ACTUAL FIGURES

SUMMARY

2017 Actual Gross	\$	_____
2017 Estimate Paid On (Minimum of \$25,000)	\$	_____
Difference (Actual minus estimate)	\$	_____
Final Difference (Difference x Tax Amount on line I, J, or K above, which- ever one(s) apply)	\$	_____

<u>2018 Estimate</u> (Line L above)	\$	_____
Add or subtract 2017 final difference.	\$	_____
TOTAL DUE FOR 2018	\$	_____



CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114
314-427-8700 Fax: 314-427-6818 www.cityofstjohn.org

2018

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



CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114
314-427-8700 Fax: 314-427-6818 www.cityofstjohn.org

PHOTO ID REQUIRED FOR ALL RENEWALS

The City of St. John no longer performs Record/Criminal Background Checks. However, it is required that you annually submit a current State Issued Photo ID or Driver License with your renewal applications.

Please copy owner and/or local manager's current ID to this form. If manager is not on-site, include on-site employee ID.



CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114
314-427-8700 Fax: 314-427-6818 www.cityofstjohn.org

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 will need to have on file the name, complete home address, and phone number(s) of each contact person.

NOTE: IF OWNER/MGR WANTS TO BE CONTACTED, INCLUDE YOUR INFO.

NAME	ADDRESS	PHONE
------	---------	-------

1.

2.

3.

ST. JOHN BUSINESS NAME _____