



CITY OF ST. JOHN BUSINESS LICENSE PROCEDURE & REQUIRED DOCUMENTS

On behalf of the Mayor, City Council, and City of St. John Staff, we are honored that you have chosen our City for your business venture. To help ensure that your business will open in a timely manner, this checklist will help guide you through the entire process.

1. Contact the City Clerk at 314-427-8700, 8944 St. Charles Rock Road, 1st Floor, or print forms directly from our website at www.cityofstjohn.org.
2. Complete the Commercial Occupancy Application and submit \$75.00 fee for the first 5,000 square feet of floor space and \$5.00 for each additional 1,000 square feet or fraction thereof, to schedule a Code Compliance Inspection.

If the premises are occupied prior to obtaining an occupancy permit, the fee is \$150.00 for the first 5,000 square feet of floor space and \$5.00 for each additional 1,000 square feet or fraction thereof, to schedule a Code Compliance Inspection.

3. Contact Community Fire at 9411 Marlowe, Overland MO; (314) 428-1128 to schedule their inspections.
4. If any building permits are needed for framing, electrical, plumbing, mechanical, etc. make application with both St. Louis County and the City of St. John.

Upon passing all required inspections, apply for a City of St. John Occupancy Permit. This allows you to stock your business, etc. to prepare for opening day.

Proof of County inspections will be required by the St. John Building Inspector.

5. The final step is obtaining your St. John Business License. You may submit the following documents at any time during the process, but the City Clerk must have all required documents, and have issued your business license **prior to opening day**.

(SEE NEXT PAGE FOR REQUIRED DOCUMENTS)

REQUIRED DOCUMENTS FOR BUSINESS LICENSE

1. If business is a Corporation, provide a copy of the Certificate of Incorporation from Secretary of State and Registration of Fictitious Name, if applicable, with the St. John address.
2. A copy of the document that contains your Missouri Sales Tax ID# issued by Mo Dept. of Revenue or Federal Employer ID# issued by IRS. (Both documents must contain name and address of your St. John business)
3. A copy of the Missouri Retail Sales License issued from Director of Revenue, and must contain the name and address of your St. John business.
4. If your business has 5 or more employees, provide a copy of your Certificate of Liability Insurance, which limits must meet State's minimum requirement.
5. If leasing your building, provide a signed copy of lease. Owner must also sign the Commercial Occupancy Application. **(#2 on reverse side)** If your business is located in St. John Crossings, a full copy of the lease must be provided.
6. A copy of an approved Fire Department Occupancy Permit issued by Fire Marshal. Submit this form to obtain your St. John Occupancy Permit. **(#4 on reverse side)**
7. All Restaurant or Liquor establishments must provide an approved St. Louis County **Health Dept. Inspection** and have applied for **Liquor License**.

CONGRATULATIONS! YOU HAVE COMPLETED ALL REQUIREMENTS!

**Thank you for choosing the City of St. John
A Good Place to Live and Work**

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	\$	_____



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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



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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.



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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
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1.

2.

3.

ST. JOHN BUSINESS NAME _____