



# CITY OF ST. JOHN

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

314-427-8700 Fax: 314-427-6818 [www.cityofstjohn.org](http://www.cityofstjohn.org)

To All St. John Businesses:

**BUSINESS LICENSES EXPIRE DECEMBER 31<sup>ST</sup> OF EVERY YEAR. RENEWALS ARE DUE PRIOR TO FEBRUARY 1<sup>ST</sup>.**

**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 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 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.*

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)** 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 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](http://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,

Connie S. Poteet  
Deputy City Clerk



# CITY OF ST. JOHN, MISSOURI APPLICATION FOR 2019 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

<b>BUSINESS TYPE (CHECK ONE)</b>
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 2018 (Beginning Jan. 1<sup>st</sup> and ending Dec. 31<sup>st</sup>), 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 2019 (Beginning Jan. 1<sup>st</sup> and ending Dec. 31<sup>st</sup>).

\_\_\_\_\_  
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)**

	<b><u>2019 ESTIMATE</u></b>	\$ _____
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. ....	<b>SUBTOTAL</b>	\$ _____
F. ....	<b>WHOLESALE MERCHANTS ONLY – SUBTOTAL X 80%</b>	\$ _____
G. ....	<b>TOTAL DUE ON ESTIMATE</b>	\$ _____

**2018 ACTUAL FIGURES**

2018 Actual Gross	\$	_____
2018 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**

<b><u>2019 Estimate</u></b> (Line G above)	\$ _____
Add or subtract <b>2018</b> final difference.	\$ _____
<b>TOTAL DUE FOR 2019</b>	<b>_____</b>

**LICENSE FEE WORKSHEET FOR  
MANUFACTURING BUSINESSES**

**(BASED ON AGGREGATE DOLLAR AMOUNT OF GOODS MANUFACTURED)**

		<b><u>2019 ESTIMATE</u></b>	\$ _____
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. ....	<b>TOTAL DUE ON ESTIMATE</b>		\$ _____

**2018 ACTUAL FIGURES**

**SUMMARY**

2018 Actual Gross	\$ _____
2018 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)	\$ _____

<b><u>2019 Estimate</u></b> (Line L above)	\$ _____
Add or subtract <b>2018</b> final difference.	\$ _____
<b>TOTAL DUE FOR 2019</b>	\$ <u>_____</u>





# CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114  
314-427-8700 Fax: 314-427-6818 [www.cityofstjohn.org](http://www.cityofstjohn.org)

## 2019

### 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](http://www.cityofstjohn.org)

## PHOTO ID/REQUIRED CHECKS

**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, (314) 615-5317) or The Missouri State Highway Patrol (1-573-751-3313) and attach a copy of the record check(s) with your renewal application.

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

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



# CITY OF ST. JOHN

8944 St. Charles Rock Road, St. John, MO 63114  
314-427-8700 Fax: 314-427-6818 [www.cityofstjohn.org](http://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 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.**

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

1.

2.

3.

ST. JOHN BUSINESS NAME: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_