

#

APPLICATION FOR BUSINESS LICENSE

THIS IS NOT A LICENSE

IF ANY QUESTIONS – 314-524-5254

*****BEFORE A BUSINESS LICENSE IS ISSUED, AN OCCUPANCY PERMIT MUST BE APPLIED FOR, APPROVED AND PAID. A BUSINESS LICENSE MUST BE OBTAINED BEFORE OPENING.**

INSTRUCTIONS: FOR SPECIAL BUSINESS DISTRICT ONLY.

1. FILL OUT APPLICATION AND RETURN TO:
CITY OF FERGUSON
110 CHURCH STREET
FERGUSON MO 63135
2. AMOUNT DUE IS BASED ON GROSS RECEIPTS/SALES: ORDINANCE NO.81-1872
 - a) \$1.00 per thousand up to and including \$500,000.00
 - b) \$.75 per thousand over \$500,000, but not more than \$1,000,000.00
 - c) \$.50 per thousand over \$1,000,000.00
3. YOUR BUSINESS IS LOCATED IN THE *SPECIAL BUSINESS DISTRICT*, PLEASE ADD 50% OF LICENSE FEE. MEETINGS/ 3rd THURSDAY OF EA/MO/ 4 PM AT VINCENZO'S REST.

MINIMUM PAYMENT: \$45.00

MAXIMUM PAYMENT: \$50,000

NAME OF BUSINESS_____

ADDRESS OF BUSINESS_____

TYPE OF BUSINESS_____

BUSINESS PHONE #_____

COPY OF MISSOURI SALES TAX I.D. WITH ADDRESS OF BUSINESS_____

OWNER'S/MANAGER'S NAME_____

OWNER'S/MANAGER'S ADDRESS_____PHONE_____

This license is based on your gross receipts/sales. New businesses are based on an **estimation** of gross receipts/sales from opening day thru April 30. Please use the above formula for calculating the Business License fee beginning with (a). Do not forget the SBD tax.

GROSS RECEIPTS/SALES (ESTIMATE)_____

PAYMENT \$_____ + S B D _____ = _____

I hereby state that I am responsible for payment of said business license and that the gross sales/receipts stated in said application are true and

correct to the best of my knowledge and belief. APPLICANT'S SIGNATURE_____

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- b. \$.75 per thousand over \$500,000, but not more than \$1,000,000.00
- c. \$.50 per thousand over \$1,000,000.00

MINIMUM PAYMENT: \$30.00

MAXIMUM PAYMENT: \$50,000

NAME OF BUSINESS _____

ADDRESS OF BUSINESS _____

TYPE OF BUSINESS _____

BUSINESS PHONE # _____

COPY OF MISSOURI SALES TAX I.D. WITH ADDRESS OF BUSINESS _____

OWNER'S/MANAGER'S NAME _____

OWNER'S/MANAGER'S ADDRESS _____ PHONE _____

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GROSS RECEIPTS/SALES (ESTIMATE) _____

PAYMENT \$ _____

I hereby state that I am responsible for payment of said business license and that the gross sales/receipts stated in said application are true and correct to the best of my knowledge and belief. APPLICANT'S SIGNATURE _____