

**Business License RENEWAL Application**

Renewal Application **MUST be completed in full and returned with remittance to the City Clerk no later than June 30, 2015**. Any questions should be directed to: Office of the City Clerk; [cityclerk@desperesmo.org](mailto:cityclerk@desperesmo.org) or 314-835-6111.

**BUSINESS INFORMATION**

Name of Business: \_\_\_\_\_

Please select from the following options and fill out corresponding informational changes (if applicable) so that we can update our database:

Business information has \*CHANGED       Contact information has \*CHANGED

In the future, please send renewal application to Corporate Office\*

<p><input type="checkbox"/> <b>YES this business sells products subject to Missouri State Retail Sales Taxes</b></p> <p>If yes, please provide the <b>required</b> Missouri Retail Sales Tax Number: _____</p> <p style="text-align: center;">OR</p> <p><input type="checkbox"/> <b>NO this business does not sell products subject to Missouri State Retail Sales Taxes</b></p> <p><i>For Retail Merchants: A required Affidavit of "No Tax Due" from the Missouri Department of Revenue is due for anyone doing business in the City of Des Peres. Please visit: (<a href="http://www.dor.mo.gov/tax/business/sales/notaxdue/">www.dor.mo.gov/tax/business/sales/notaxdue/</a>) and show 'Des Peres' as the Political Subdivision. Please contact the Missouri Department of Revenue's Tax Assistance Center at 573-751-4450 or <a href="http://www.dor.mo.gov/tax/business/sales/forms">www.dor.mo.gov/tax/business/sales/forms</a> for the Missouri Tax Registration Application (Form 2643) Applications without BOTH the Sales Tax Number &amp; the No Tax Due Affidavit will be refused.</i></p>
---

*\*If you selected a response from above that states information about your business has changed, please fill out the following questions:*

**Business information changes:**

- Name of Des Peres Business, d/b/a: \_\_\_\_\_
- Local Business Address change: \_\_\_\_\_
- Local Business telephone number change: \_\_\_\_\_

**Contact information changes:**

- Business Contact: \_\_\_\_\_
- Contact phone #: \_\_\_\_\_
- Corporate Office Address: \_\_\_\_\_
- Corporate Office Contact: \_\_\_\_\_

**COMPUTATION OF LICENSE RENEWAL FEE (Select ONLY ONE category)**

City of Des Peres, Missouri

**Business License RENEWAL Application**

*\*Please make check payable to: City of Des Peres\**

A. **Retail Merchant:** (Min. Fee \$100.00). Use 2015 Total Gross Receipts for calculation.

Total Gross Receipts 2014: \$ \_\_\_\_\_ x \$1.25 per \$1,000 = \$ \_\_\_\_\_

OR

B. **Office/Service/Business Occupation:** (Min. Fee \$100.00). Fee is based on the square footage of business:

# of Sq. Ft. = \_\_\_\_\_ x \$0.20 = \$ \_\_\_\_\_

OR

C. **Flat fee:** (See fee schedule online at: <http://www.desperesmo.org/DocumentView.aspx?DID=2316>):

Amount = \$ \_\_\_\_\_

*\*The flat fee for a home occupation is \$50.00.*

The information provided is true, correct and complete to the best of my knowledge and belief.

**Applicant Printed Name:** \_\_\_\_\_

**Applicant Signature:** \_\_\_\_\_

**Business Name, d/b/a:** \_\_\_\_\_

**Number of Employees at Location:** \_\_\_\_\_

**Applicant Title:** \_\_\_\_\_

**Des Peres Business License #:** \_\_\_\_\_ (required – DP ####)

*Upon receipt of application and supporting documentation, please allow up to ten (10) business days for processing.*