

FOR OFFICE USE ONLY
License Number: _____
Date Approved: _____

City of Des Peres, Missouri
Application for Business License

Application **MUST be completed in full for each location in Des Peres and returned with remittance made payable to the City of Des Peres.** Computation of Fee is based on one of the following categories:

A. Retail Merchants: Anyone doing business that shall make any sales, wholesale or retail.

A REQUIRED filing with this Application is a *copy of your Missouri Retail Sales License issued by the State of Missouri; and a "No Tax Due" Affidavit from the Missouri Department of Revenue* that the licensee owes no taxes under Section 144.010 thru 144.510 or Sec 143.191 thru 143.261, RsMO, dated no longer than (90) days prior to the date of submission of the Application of the city license. To obtain the No Tax Due Affidavit, please visit the MO Department of Revenue website: www.dor.mo.gov/tax/business/sales/notaxdue/ and show "Des Peres" as the Political Subdivision.

Please contact the Missouri Department of Revenue's Tax Assistance Center at 573-751-4450 or www.dor.mo.gov/tax/business/sales/forms for the Missouri Tax Registration Application (Form 2643).

B. Office/Service/Business Occupation: Anyone engaged in a business, occupation, pursuit, profession or trade

C. Flat Fee: please visit the City of Des Peres website to view this schedule:

<http://www.desperesmo.org/DocumentCenter/Home/View/2316>

For questions please contact the City Clerk at cityclerk@desperesmo.org or 314-835-6111

BUSINESS INFORMATION

1. Name of Des Peres Business, d/b/a: _____
2. Date business began/will begin operation in Des Peres: _____
3. Local Business Address: _____
4. Local Business telephone number: _____
5. Name of Manager: _____
6. Contact phone #: _____
7. Corporate Office Address: _____
8. Corporate Office Contact: _____
9. Does your business sell a product subject to state retail taxes: ____ YES or ____ NO
10. Number of employees at location: _____
11. Provide brief description of business: _____

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COMPUTATION OF LICENSE FEE (Select ONLY ONE category)

Please make check payable to: City of Des Peres

- A. **Retail Merchant:** (Min. Fee \$100.00). Please ESTIMATE your gross receipts from date of opening through December 31. If not open a full year, then please use a best estimate of fully year.

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

OR

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

of Sq. Ft. = _____ x \$0.20 = \$ _____

OR

- C. **Flat fee:** (See fee schedule online at: <http://www.desperesmo.org/DocumentCenter/Home/View/2316>):

Amount = \$ _____

**The flat fee for a seasonal kiosk is \$100.00. 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: _____

Applicant Title: _____

Date: _____

All businesses, excluding Home Occupations, must receive an Occupancy Permit through the Department of Public Works. The business license will not be issued to your business until the Building Official has authorized occupancy.

12325 MANCHESTER ROAD, DES PERES, MISSOURI 63131