

Business License RENEWAL Application

Renewal Application **MUST be completed in full and returned with remittance to the City Clerk no later than June 30, 2017**. Any questions should be directed to: Office of the City Clerk; cityclerk@desperesmo.org or 314-835-6111.

BUSINESS INFORMATION

Please select from the following options:

- Business information has CHANGED** **Contact information has CHANGED**
- In the future, please send renewal application to Corporate Office**

YES this business sells products subject to Missouri State Retail Sales Taxes

If yes, please provide the **required Missouri Retail Sales Tax Number:** _____

OR

NO this business does not sell products subject to Missouri State Retail Sales Taxes

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: (<http://dor.mo.gov/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 <http://dor.mo.gov/forms/2643.pdf> for the Missouri Tax Registration Application (Form 2643).

Applications without BOTH the Sales Tax Number & the No Tax Due Affidavit will be refused.

Business information changes:

1. Name of Des Peres Business, d/b/a: _____
2. Local Business Address change: _____
3. Local Business telephone number change: _____

Contact information changes:

4. Business Contact: _____
5. Contact phone #: _____
6. Corporate Office Address: _____
7. Corporate Office Contact: _____

City of Des Peres, Missouri

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COMPUTATION OF LICENSE RENEWAL FEE (Select ONLY ONE category)

Please make check payable to: *City of Des Peres

A. **Retail Merchant:** (Min. Fee \$100.00). Use Previous Year's Total Gross Receipts for calculation.

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

Applicant Printed Name: _____

Applicant Signature: _____

Applicant Title: _____

Business Name, d/b/a: _____

Number of Employees at Location: _____

Des Peres Business License #: _____ (required – DP ####)

___ NO TAX DUE LETTER ATTACHED (if required)

___ PAYMENT INCLUDED

Date: _____

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