



**CITY OF DELLWOOD
1415 CHAMBERS ROAD
DELLWOOD, MISSOURI 63135**

BUSINESS LICENSE APPLICATION - 2018

For the purpose of obtaining a license to conduct business in the City of Dellwood, please complete the following. Return this application with a check or money order made payable to: CITY OF DELLWOOD at the above address. **Please return by February 1st, 2018.**

BUSINESS NAME: _____	BUSINESS PHONE: _____
BUSINESS TYPE: _____	
ADDRESS: _____	BUSINESS FAX: _____
EMERGENCY CONTACT: _____	EMERGENCY PHONE: _____
EMAIL ADDRESS: _____	

LICENSE HOLDER: _____	E.I.N. / SS#: _____
HOME ADDRESS: _____	PHONE: _____
CITY, STATE, ZIP: _____	

SERVICE OCCUPATION LICENSE FEE AMOUNT: \$ _____. If your business also sells merchandise in any form, complete the next section and add the calculated amount to the Service Occupation license fee to determine the amount due for the 2018 Business License.

GROSS RECEIPTS FOR THE PERIOD OF JANUARY 1, 2017 TO DECEMBER 31, 2017 WAS: \$ _____. To compute GROSS RECEIPTS fees, calculate \$1.25 per every \$1,000 of gross receipts. (Minimum fee is \$50.00).

<u>Gross Receipts</u>	X	1.25 = \$ _____	Your Gross receipts License Fee.
\$1,000			

A State of No Sales Tax Due from the Missouri Department of Revenue must be attached. Missouri Sales Tax forms must accompany this application as verification of gross receipts for the past 12 months.

***If this application is NOT submitted on or before FEBRUARY 1, 2018, there is a 5% penalty during the 1st month of delinquency and an additional 1% for each month thereafter.**

CHECK ONE OF THE FOLLOWING

___ Business is NOT required to retain Worker's Compensation Insurance according to the Missouri State Statute.

___ Business required Worker's Compensation Insurance (attach copy of the certificate of insurance).
Insurance Company: _____ Phone: _____

I, _____ being duly sworn in his/her oath that he/she is a _____ if the named business and that he/she is familiar with the business of the applicant and that the information in the application is correct to the best of my knowledge, information and belief.

LICENSE FEE: _____ LATE FEE CHARGED: _____ DATE PAID: _____

RECEIVED BY: _____ CASH/CHECK/MONEY ORDER _____ LICENSE NBR: _____

COPY OF STATEMENT NO SALES TAX DUE: _____ PHOTO COPY OF CHECK AND ENVELOPE: _____