



**City of Dellwood**  
 1415 Chambers Rd.  
 Dellwood, MO 63135  
**Phone:** (314) 521-4399 **Fax:** (314) 521-4699

**BUSINESS LICENSE APPLICATION FOR SALONS- 2019**

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 1, 2019.**

<b>BUSINESS NAME:</b> <input style="width:90%;" type="text"/>	<b>BUSINESS PHONE:</b> <input style="width:90%;" type="text"/>
<b>BUSINESS TYPE:</b> <input style="width:98%;" type="text"/>	
<b>ADDRESS:</b> <input style="width:40%;" type="text"/>	<b>BUSINESS FAX:</b> <input style="width:15%;" type="text"/>
<b>EMERGENCY CONTACT:</b> <input style="width:30%;" type="text"/>	<b>EMERGENCY PHONE:</b> <input style="width:15%;" type="text"/>

<b>LICENSE HOLDER:</b> <input style="width:90%;" type="text"/>	<b>E.I.N. / SS#:</b> <input style="width:90%;" type="text"/>
<b>HOME ADDRESS:</b> <input style="width:30%;" type="text"/>	<b>PHONE:</b> <input style="width:15%;" type="text"/>
<b>CITY, STATE, ZIP:</b> <input style="width:98%;" type="text"/>	

SERVICE OCCUPATION LICENSE FEE AMOUNT: \$ \$50.00 . 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 2019 Business License. GROSS RECEIPTS FOR THE PERIOD OF JANUARY 1, 2018 TO DECEMBER 31, 2018 WAS: \$  To compute GROSS RECEIPTS fees, calculate \$1.25 per every \$1,000 of gross receipts. (Minimum fee is \$50.00).

$$\frac{\text{Gross Receipts}}{\$1,000} \times 1.25 = \$ \text{  } \text{ Your Gross receipts License Fee.}$$

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.

**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

Applicant's Signature

***Office Use Only***

License Fee: \_\_\_\_\_ Late Fee Charged: \_\_\_\_\_ Date Paid: \_\_\_\_\_  
 Received By: \_\_\_\_\_ Circle One: Cash/Check/Money Order License NBR: \_\_\_\_\_  
 Copy of Statement of No Sales Tax Due: \_\_\_\_\_ Photo Copy of Check and Envelope: \_\_\_\_\_