

CITY OF WARSON WOODS
BUSINESS LICENSE APPLICATION
DATE: _____

Each merchant, manufacturer, business, occupation or trade, doing business in the City of Warson Woods, Missouri (the "City") is required by Chapter 605 of the Municipal Code of the City of Warson Woods ("Municipal Code") to obtain a license to transact business in the City of Warson Woods. This form is to be used for an initial license and for license renewals on a calendar year basis.

Section 605.035 of the Municipal Code provides as follows:

No license or permit provided for or required under any ordinance of the City of Warson Woods may be issued to any person if it appears to the City License Officer that the thing or conduct to be licensed or permitted would violate, or would bring about a violation of, the Zoning Code, the Building Code, or any other ordinance of the City; or any violation of the Statutes of the State of Missouri.

Any license issued may also be revoked under Chapter 605.310, subsections A and B for the reasons set forth therein.

The acceptance of negotiation of check tendered with business license application for processing of that application is no acknowledgement by the City that a license will be granted, nor that the subject business complied with the City's ordinances. If license is denied, all or a portion of the fee will be refunded.

Annual Fee – The highest amount calculated under the following three alternative formulas:

- (1) **Gross Receipts** – the rate of One Dollar (\$1.00) per One Thousand Dollars (\$1,000.00) of gross receipts or fraction thereof during the preceding license year; or
- (2) **Occupied Space** – the rate of Twelve and One-Half Cents (\$0.125) per square foot of occupied space of the business; or
- (3) **Flat Fee** – One Hundred Dollars (\$100.00) except for banking institutions, credit institutions, loan companies, savings and loan associations, building and loan associations, credit unions and any business which does not generate gross receipts, the license fee shall be the higher of Twelve and One-Half (\$0.125) per square foot occupied or the flat fee of Five Hundred Dollars (\$500.00).

Information Concerning Applicant: Applicant hereby submits the following information concerning the business to be licensed: (please print)

1. Date Business Began/Will Begin in Warson Woods: _____
2. Name of Business (d/b/a): _____
Street Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____
3. Mailing Address (if different than above)
Street Address: _____
City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____
4. Federal Employer Identification No: _____
Owner's/Manager's Social Security No. _____
5. Do you sell a product subject to retail sales tax? Yes _____ No _____
If yes, please list your Missouri Retail Sales License No. _____

6. Name of Owner of Business or (if corporation) Name and Title of Company Officer responsible for above Business: (please print)
 Name: _____ Title: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____
7. Detailed Description of Nature of Business, Organization or Trade _____

8. What are the hours of operation? _____ a.m./p.m. to _____ a.m./p.m.
9. Has any portion of your business in the past 12 months, or will in the next 12 months, be used for the sale of alcoholic beverages? Yes _____ No _____
 If yes, percentage of area used for that purpose. _____ Square Feet _____
10. Has any portion of your business in the past 12 months, or will in the next 12 months, include the sale of explicit sexual materials as defined in Section 215.390 of the Warson Woods Code? Yes _____ No _____
11. If business location shown in paragraph 2 is a branch office, list name, address and telephone number of parent:
 Name: _____ Title: _____
 Home Address: _____
 City: _____ State: _____ Zip: _____ Telephone: _____ Fax: _____
 What is the relationship of the Warson Woods location to the parent corporation?
 Sales _____ Subsidiary _____ Division _____ Other _____
12. Total Square Footage of Building Space _____

Information to Determine License Fee:

For the Period of January 1, TO December 31 (prior year)

Actual Gross Receipts _____ x \$1.00 per thousand = _____
 Square Footage _____ x \$0.125 per square foot = _____
 Flat Fee _____ = _____
 Amount Due (Highest of three formulas) _____ = _____

Please specify supporting documentation for actual gross receipts

I am authorized by the Applicant to sign on his/her/its behalf and have read fully and completely this application and all laws or ordinances referred to herein.

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

 Signature of Principal Officer

Date _____

Representation Concerning Compliance With Laws. Applicant hereby represents that the business conducted by Applicant does not and will not violate any ordinance of the City of Warson Woods and now complies and will continue to comply fully with the laws of the State of Missouri

Name of Applicant (please print)

By: _____

Title: _____

ATTACH CERTIFICATE OF INSURANCE FOR WORKERS' COMPENSATION COVERAGE. ALL CONTRACTORS MUST PROVIDE PROOF OF INSURANCE COVERAGE OR AN AFFIDAVIT OR EXEMPTION FORM WC-134 PROVIDED BY THE DIVISION OF WORKERS' COMPENSATION. ALSO ATTACH A COPY OF SUPPORTING DOCUMENTATION SHOWING ACTUAL GROSS RECEIPTS FOR MOST RECENT CALENDAR YEAR.