WARSON WOODS

BUSINESS LICENSE APPLICATION

Each merchant, manufacturer, business, occupation or trade, doing business in the City of Warson Woods, Missouri (the "City") is required by Warson Woods Municipal Code Chapter 605 ("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.

Municipal Code Section 605.035 provides:

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, 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 acknowledgment 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 3 alternative formulas:

(1) **Gross Receipts** – the rate of $1.00 per $1000.00 of gross receipts or fraction thereof during the preceding license year; or
(2) **Occupied Space** – the rate of $0.125 per square foot of occupied space of the business; or
(3) **Flat fee** - $100.00 except for the 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 $0.125 per square foot of occupied or the flat fee of $500.00.

Information Concerning Applicant: Applicant hereby submits the following information concerning the business to be licensed:

1. Date Business Began/Will Begin in City: _____
2. Name of Business (d/b/a): _____
   Address: _____
   Phone Number: _____ Fax: _____
3. Mailing Address (if different): _____
4. Federal Employer Identification Number: _____

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Owner's/Manager's Social Security Number: _____

5. Do you sell a product subject to retail sales tax? _____
   If yes, please list your Missouri Retail Sales License Number: _____
6. Name of Owner of Business or (if corporation) Name and Title of Company Officer Responsible for Business: _____ Title: _____
   Address: _____
   Phone Number: _____ Fax: _____
7. Detailed Description of Nature of Business, Organization or Trade:
   _____
   _____
   _____
   _____
8. Hours of Operation: _____
9. Has any portion of your business in the past twelve months, or will in the next twelve months, be used for the sale of alcoholic beverages? _____
   If yes, percentage of area used for that purpose: _____ Square Feet: _____
10. Has any portion of your business in the past twelve months, or will in the next twelve months, include the sale of explicit sexual materials as defined in Municipal Code Section 215.390? _____
11. If business location shown in paragraph 2 is a branch office, list name/title, address and phone/fax number of parent:
    _____
    What is the relationship of the City 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 the 3 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, correct and complete to the best of my knowledge, information and belief.

_____ _____
Signature of Principal Officer Date

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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 and now complies and will continue to comply fully with the laws of the State of Missouri.

_____
Name of Applicant

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.