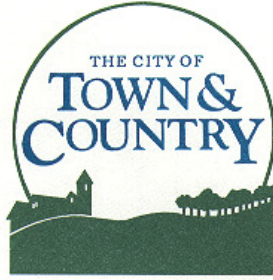


Municipal Center
1011 Municipal Center Drive
Town & Country
Missouri 63131-1101
Tele. (314) 432-6606
Fax (314) 432-1286



Jonathan F. Dalton
Mayor

Robert Shelton
City Administrator

Dear New Business License Applicant:

City ordinances require Town and Country businesses, including individuals and firms providing services, to obtain a City Business license. The license fee is determined as provided in the attached application. In general, businesses must pay a fee based on the following formulas:

- a) Retail sales and specified retail service type businesses must pay the higher of \$2.00 per \$1,000.00 of gross receipts, or a \$200.00 flat fee. The fee to be paid based on receipts over \$10 million is reduced as shown in the enclosed application-see Section III page 2. The specified retail service type businesses are listed on page 4.
- b) All other businesses must pay \$200.00 for all occupied space up to 1,000 square feet plus 50 cents per square foot for all square footage in excess of the first 1,000 square feet.

To apply for your license, please complete and return the enclosed application, along with payment of the required fee and documentation, to the City of Town and Country, 1011 Municipal Center Drive, Town and Country, MO 63131.

All businesses with retail sales and specified service type businesses must complete sections 12 and 13 of the application regardless of their payment method. An application submitted by any other type of business should indicate N/A (Not Applicable) for gross receipts information.

The applicant must notify the City within 30 days of any change in their business that would affect the calculation of their fee (i.e. relocation, miscalculation of gross receipts, or change in square footage).

The City's complete ordinance on this subject is available for review at the Town and Country Municipal Center and on our web site town-and-country.org.

Thank you for your cooperation.

CITY OF TOWN AND COUNTRY

Pam Reitz
Finance Director

Jonathan Dalton
Mayor

Town & Country Police Department

Gary Hoelzer
Chief of Police

1011 Municipal Center Dr.
Town & Country, MO 63131
314-432-4696
www.town-and-country.org

The Town and Country Police Department is currently updating our Business/Emergency Contact files. When completing the section on Emergency Contacts consider the following criteria:

- Contact person(s) should live in close proximity to the business whenever possible.
- Contact person(s) should have keys to the business and be aware of any/all alarm codes.
- Contact person(s) should be accessible after normal business hours.
- Please do not list the business phone number and/or a 1-800 number for the emergency contact information.

All numbers listed on this form will be used only for emergency purposes and will be kept strictly confidential. If your information changes, please contact our department at 314-432-4696.

Date: _____

SPECIAL ALERTS OR CONSIDERATIONS _____

Business Name: _____

Address: _____

Zip Code: _____ Business Phone _____ Business Fax: _____

Business Owner _____

EMERGENCY CONTACT INFORMATION

1. Name: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

2. Name: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

3. Name: _____

Home Phone: _____ Cell Phone: _____ Pager: _____

Municipal Center
1011 Municipal Center Drive
Town & Country
Missouri 63131-1101
Tele. (314) 432-6606
Fax (314) 432-1286



Jonathan F. Dalton
Mayor

Robert Shelton
City Administrator

Application For New Business License
(License year July 1, 2017-June 30, 2018)

Section I: Identification Information:

1. Year for which you are making application _____

2. Name of business _____ Phone _____

3. Missouri State Sales Tax Number under which you file your sales tax remittance for this location:

(SEND A COPY OF MO. RETAIL SALES TAX LICENSE IF YOU ARE A NEW BUSINESS OR AN EXISTING BUSINESS WHO HAS CHANGED OWNERSHIP OR RELOCATED)

4. Town and Country Address _____ Zip _____

5. Home Office Address, if different from above _____

6. Ownership: Individual _____ Partnership _____ Corporation _____

7. If corporation, provide name of corporation _____

8. Do you conduct commercial activities on the premises using names other than that for which you are making application? _____ If yes, please list names: _____

9. Date of last completed fiscal year preceding the license year beginning July 1, 2017, as established and used for Federal Income Tax purposes (calendar year if also fiscal year) _____

Date business began operations in the City of Town and Country: _____

How many employees do you have at this location? _____

Local telephone provider information at this location:

1. Name: _____

2. Address: _____ **Phone Number** _____

10. Nature of activity: (Merchant, manufacturer, or specific occupation or business. If necessary for clarity, describe activity in sufficient detail to indicate type of business. For example is a product sold, or a service, or both; and what is product or service?): _____

11. Name and address to which correspondence, license, and renewal notice should be sent:

Section II: Fee Information

Complete All Items: Enter Zero For No Amounts; Enter N/A If Not Applicable. Gross receipts are for last completed fiscal year (calendar year, if also fiscal year) preceding license year July 1, 2017-June 30, 2018. If actual gross receipts are not available due to date operations commenced, amounts should be estimated for the full year. For new businesses monthly prorating is provided for in Section III on next page.

12. Gross Receipts Information (Required for all merchants and manufacturers and for those retail service businesses listed on page 6. All others enter N/A on lines a, b, and c and go to line 13.) A full 12 months of actual receipts must be reported. **A full 12 months of estimated gross receipts should be used for businesses that have not completed a full fiscal year.**

From _____ to _____. Information is Actual _____ or Estimated _____
 (month) (year) (month) (year)

- a. Total Gross Receipts.....\$ _____
Include all cash, credit, services or other consideration received by retail merchant or a specified service type business from retail sales or service operation in the City.
- b. Deductible Gross Receipts.....\$ _____
Deduct if included above, sales tax, traded merchandise, refundable deposits, Sale of beer, liquor, cigarettes, and sale of gasoline for highway use.
- c. NET GROSS RECEIPTS (a. minus b.)..... * _____
 * **You must attach a copy of your financial report to substantiate reported gross receipts.**
 * **Documents provided are for internal use only and will be kept strictly confidential.**

13. Square Footage Information (Required for all businesses)

a. Total Square Footage..... _____ sq. ft.

Include but not limited to offices, storage areas, warehouses, cafeterias, restrooms, showrooms, hallways, reception areas, basement areas and any other areas whatsoever.

Exclude areas either leased to others or offered for lease to others through a real estate brokerage listing or some other demonstrable means.

Section III: License Fee Computations

Instructions: as directed below enter amounts from Section II above, compute gross receipts fee (if applicable) or square footage fee and enter amount due on line 16, do not enter less than \$200.00. **For establishments opened after beginning of license year (July 1) fee should be prorated on a monthly basis beginning with a full month for month during which operations began.**

RETAIL AND BUSINESSES SPECIFIED ON PAGE 6 PAY ON GROSS RECEIPTS ONLY

14. Gross Receipts Fee Computation

- a Net Gross Receipts (line 12,c.).....\$ _____
- b Rate of \$2 per \$1,000**..... x.002
- c Gross Receipts fee..... _____

(** Reduce rate to \$1.00 per \$1,000 on receipts between \$10-\$20M and to \$.50 per \$1,000 on all receipts over \$20M).

15. Square Footage Fee Computation

- a Total square footage (line 13,a.)..... _____
- b Square footage up to 1,000 \$ 200.00
- c Square footage in excess of 1,000 sq ft (15a minus 1000) _____
- d Rate of \$.50 per square footage..... x.50 \$ _____
- e Total Square Footage Fee (15 b+15d) \$ _____

16. Amount Due Greater 14c or \$200.00 for merchants & businesses listed on page 6, or 15e or \$200.00 for all other businesses..... \$ _____

Section IV. Adjustments- Credit or Additional Amount Due

If the gross receipts amount on your application for last year or any previous years were estimates because of date you commenced business, and you now have a completed fiscal year-end with a full 12 months of actual sales, you must now report those actual gross receipts for that fiscal year below and adjust your current payment for the difference. If your prior year application contained no estimates, enter N/A for items 17-20 and go to item 21. **The rates may be different depending on what years were estimated.**

17. Estimated on original Application

- a Ten million or less \$ _____ x .002 = \$ _____
- b Ten to twenty million \$ _____ x .001 = \$ _____
- c More than twenty million \$ _____ x .00050 = \$ _____
- d Total Estimated fee paid \$ _____

18. Actual Amount for this period

- a Ten million or less \$ _____ x .002 = \$ _____
- b Ten to twenty million \$ _____ x .001 = \$ _____
- c More than twenty million \$ _____ x .00050 = \$ _____
- d Total Actual fee paid = \$ _____

19. Credit Balance

If 17d is larger than 18d, enter Credit Balance here \$ _____

20. Additional Amount Due

If 18d is larger than 17d enter Additional Amount Due \$ _____

21. Total Amount Due

Total line 16 minus line 19 or plus line 20 \$ _____

You must submit a copy of your Missouri Sales Tax License with this application, Proof of Workers' Compensation Insurance (Certificate of Insurance) if you have five or more employees, and a current Certificate of No Tax Due Letter from the Missouri Dept. Of Revenue.

Section V: Certification

_____, hereby certifies that he/she is _____ of the
(owner, partner, or title of officer)

above named firm, and is familiar with the operations of the applicant and the facts set out above as to the amount of gross receipts and square footage and that they are true and correct according to the best of his/her knowledge, information and belief.

Signature

Contact Person Name: _____ **Phone Number:** _____

Contact Person Email Address: _____

For City Use Only

Application and fee \$ _____ Received by _____ Check Number _____ Date _____

License issued by _____ Date _____ License # Issued _____

Notes:

In addition to merchants, the following specified service type businesses must report and pay fee on gross receipts basis, with the minimum fee being \$200.00:

- Beauty salons, barbershops and other grooming services
- Cable sales and services
- Car washes
- Catalogue sales
- Diet or nutrition counseling, food and related services
- Dry cleaners and laundry services
- Furniture sales and services
- Hotels and Motels
- Interior decorating sales/services
- Optical services
- Pet grooming and care services
- Photocopying or printing services
- Photography sales and services
- Service stations and service garages
- Travel agencies

City of Town and Country Ordinances authorize the City to audit books and records of establishments subject to license, and require such books and records to be kept in the City of Town and Country.

No person, firm or corporation subject to City licensing ordinances shall commence operations without first applying for and obtaining a City license to conduct such activities.

If you have more than one establishment in Town and Country each separate location is required to have a separate license. If your business conducts more than one business or operation at the same location, only one license is required but the license application must list all such businesses and operations and the license fee shall be the sum of the fees for all businesses and operations. If you sublease space to another business, that business must also obtain a city license.

All applications mailed to the City must be signed and accompanied by the proper remittance and documentation.

Please keep a copy of your application for your records.