



City of Festus
711 West Main Street, Festus, Mo. 63028
Phone: 636-937-4694 Fax: 636-937-2140

Retail Business License Renewal Application
License Period July 1st through June 30th

Business Name _____
Address _____ Phone _____

Owner Name _____
Address _____ Phone _____

Mailing Address: _____

Type of Business _____

State Sales Tax Identification Number _____

The following documents must be provided with your completed renewal:

- Certificate of No Tax Due as required by State Law
- Proof of "Paid" Personal Property Tax
- Proof of Workman's Compensation Certificate. If not required by law, must complete the Workman's Compensation Insurance Waiver Form (form can be printed from www.cityoffestus.org under forms)

Attention: This notice shall serve as statement. Remit to: City of Festus, 711 W. Main St. Festus, Missouri 63028, prior to July 1* to avoid penalty.

Applications for merchant license are based upon annual gross receipts. The statement below must be completed along with the Gross Taxable Sales Receipt "Worksheet".

I, _____, the undersigned owner/operator of the above business, do solemnly swear upon my oath that the gross receipts for merchandise sold in the City of Festus, Missouri during the preceding 12- month period from June 1st through May 31st amounted to \$_____ (total from worksheet)

License Fee \$_____. (\$0.50 per \$1,000/gross receipts fee - \$25.00 minimum)

Businesses that have not operated for the full twelve-month period must estimate the amount of gross receipts that the business would expect to experience for the period.

At the end of the first twelve-month period estimate, you can request a refund of any excess paid on said business license to the City Clerk. In order to receive a refund, documentation must be provided along with request.

Signature of Owner/Operator

Date

Gross Taxable Sales Receipt “Worksheet”

In order to verify taxable sales remitted to the State of Missouri, please provide the gross taxable sales for the preceding 12-month period prior to renewal from June 1st through May 31st. These totals can be found on the remittance tax form 53-1 that was issued to the State of Missouri.

| Month | Gross Taxable Sales | Sales Tax Remitted | Estimate/Actual (yes/no) |
|-----------|---------------------|--------------------|-----------------------------|
| | | | |
| June | | | |
| July | | | |
| August | | | |
| September | | | |
| October | | | |
| November | | | |
| December | | | |
| January | | | |
| February | | | |
| March | | | |
| April | | | |
| May | | | |
| | | | |
| Totals | | | |

Please provide name, phone number, and email address of the business representative who handles the sales tax remittances to the State. This information is needed in case there would be any discrepancies between the State’s remittances to the city for our share of sales tax revenue vs the tax return to the State on form 53-1.

Name _____ PhoneNo. _____

Email Address _____

SALES TAX BREAKDOWN

BREAKDOWN OF SALES TAX FROM STATE TO DISTRICT LEVEL

| Entity | Regular Rate | Food Rate |
|--------------------------------------|---------------|---------------|
| State of Missouri | 4.225% | 1.225% |
| Jefferson County | 1.625% | 1.625% |
| City of Festus | 3.000% | 3.000% |
| Joachim - Plattin Ambulance District | 0.500% | 0.500% |
| City of Festus Total Tax Rate | 9.350% | 6.350% |

Missouri Department of Revenue Tax Administration Office 573-751-4450

A FILLABLE VERSION OF THIS APPLICATION CAN BE FOUND ON THE CITY’S WEBSITE AT WWW.CITYOFFESTUS.ORG UNDER FORMS.