

Phone: (636) 937-4694

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CITY BUSINESS LICENSE APPLICATION

DATE _____

I, or We, _____ do hereby make
application for a business license as :
_____ in the City Of Festus.
(Name of Business)

Proposed opening date _____ Phone Number _____

Address of business _____

Do you sell an item subject to retail sales tax? _____

Do you plan to sell / serve alcoholic beverages? _____

(Business selling/serving alcohol is required to obtain a liquor license.)

Do you plan on having vending machines on the premises? _____

(Check where applicable)

Do you use, store or generate any of the following?

Chemicals _____ Corrosives _____ Ignitable Materials _____

Oxidizing substances _____ Poisonous or infectious substances _____

On premises or in the operation of your business? _____

Comments _____

STATE SALES TAX ID NUMBER

(A copy of your Missouri State license along with a "Certificate of No Tax Due" must be provided if retail sales is involved)

A copy of your City of Festus paid Real Estate Tax and Personal Property Tax must accompany this application

ALL BUSINESS LICENSES WILL BE ISSUED UPON APPROVAL BY THE BUILDING OFFICIAL AND FIRE MARSHALL. CONTACT PUBLIC WORKS TO SCHEDULE YOUR INSPECTIONS AT 636-937-6646.

BUSINESSES SERVING FOOD REQUIRE APPROVAL OF THE JEFFERSON COUNTY HEALTH DEPT. CONTACT 636-789-3372.

APPLICANTS FULL NAME _____

Title _____ (officer, partner, owner)

Address _____

Telephone # _____

Drivers License # _____

Other Employment

References:

1) _____

2) _____

3) _____

Description of business to be conducted:

Owner of building _____

**\$ RETAIL SALES \$
MERCHANTS RETAIL STATEMENT**

Applicants for merchant's license based on the gross receipts MUST complete a gross receipts statement.

**I, _____ the undersigned owner / operator of
_____ do swear that the ESTIMATED
(Proposed business name)**

**gross receipts for a twelve (12) month period shall amount to \$ _____.
(approximate amount)**

(Signature)

LICENSE PERIOD: JULY 1ST THROUGH JUNE 30TH OF EACH YEAR

LICENSE FEE: \$.50 per \$1,000.00 in gross receipts

MINIMUM LICENSE FEE: \$25.00

IF NO RETAIL SALES ARE INVOLVED, THEN DISREGUARD.

The following questions must be answered by all partners / owners in business. All questions must be answered YES or NO with initials by each answer.

1) Have you had any other business license in the past? If so, give the name of the business. _____

2) Have you ever been evicted from a building or business? _____

3) Were you in the military? _____ Branch _____

4) If in the military, did you receive an honorable discharge? _____

5) Are you a citizen of the United States? _____

6) Have you ever been arrested? _____

If yes, describe the charges, location, date of disposition on the arrest.

I understand that the City of Festus Police Dept. will conduct a complete background check, criminal history check, and a traffic check and make the results known to the Mayor and the City Council for their determination if applicable.

Initials

I understand that any falsehood or omissions on this application may be cause for the City to refuse or revoke the license. _____

Initials

I hereby attest that all the information contained in this application is true to the best of my knowledge.

Signature

Date _____

Witness from the City of Festus

*** FESTUS POLICE DEPARTMENT ***
BUSINESS BUILDING EMERGENCY CONTACT LOG

The Festus Police Dept. is in the process of updating current records regarding emergency contacts within the City. In the event of a fire, theft, or property damage to your business, an immediate source of contact will be readily available to our officers.

All information is strictly confidential and will be used only in times of emergency. This information will not be released outside the Festus Police Dept. to anyone.

Business name _____
Business address _____
Business phone _____

Owner name _____
Owner address _____
Owner phone _____

EMERGENCY CONTACT LIST AFTER HOURS OF BUSINESS

Please provide names, addresses, phone #'s of persons who may be contacted, and indicate if they have keys to the premises.

1st Contact Person:

1) Name _____
Address _____
Phone _____ Key to building? _____

2nd Contact Person:

2) Name _____
Address _____
Phone _____ Key to building? _____

Please indicate which type if any alarm service you have installed at this time.

	<u>Yes / No</u>	<u>Fire</u>	<u>Burglar</u>
Phone in alarm (private company)	_____	_____	_____
Infrared Alarm	_____	_____	_____
Perimeter Alarm	_____	_____	_____
Motion Detector	_____	_____	_____
Smoke Alarm	_____	_____	_____
Other (describe)	_____	_____	_____

EXEMPTION STATEMENT

Missouri Worker's Compensation Law

To be exempt from workmen's compensation insurance requirements, the following must apply:

- 1) You are not a contractor and have less than (5) five employees
- 2) You are a contractor and never have anyone working for you other than yourself.

If the terms of these requirements are not met, you must present a certificate of workmen's compensation insurance prior to receiving a license from the City.

I, _____ owner / Operator of _____ hereby certify that the aforementioned business is exempt from the workers compensation requirements for insurance for the following reason:

The business employs less than (5) five employees _____

I am a contractor and never have anyone working for me other than myself

(Signature)

(Date)

Subscribed and sworn to before me, a Notary Public, in the state of MISSOURI, this _____ day of _____, 20____, to me known to be the person described in and who executed the same as his free act and deed.

My Commission Expires:

(Expiration date)

(Notary Public)