



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: _____
Email Address: _____

Type of Business _____

State Sales Tax ID No. _____ Federal ID No. _____

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 1st to avoid penalty.

Applications for merchant license are based upon annual gross revenue (**non-taxable & taxable revenue**). Please complete Gross Revenue "Worksheet" and place total from column C below.

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

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 number 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. To receive a refund, documentation must be provided along with request.**

Signature of Owner

Date

Gross Revenue “Worksheet”

To verify business license gross revenues please complete the below worksheet by providing the preceding 12-month period prior to renewal from June 1st through May 31st. Total gross revenues include non-taxable and taxable revenue by combining columns D & E when calculating total gross revenues to determine business license fee (page 1). The last column of the worksheet is sales tax amounts reported to the State of Missouri (prior to 2% discount), which can be found on the State’s remittance tax form 53-1. This information is requested so that the City of Festus can verify that tax monies are being allocated correctly from the State of Missouri to the City. Those businesses who file quarterly or annually, please provide a 12-month period prior to renewal. Portions of the worksheet might not pertain to your business, such as non-taxable receipts, food rate, etc. If this is the case, please note N/A in the space below.

Year	Earning Period (Liability Month)	C Total Gross Revenue Column D & E Combined Tie to 1 st Page	D Gross Revenue Broken Down (Non-Taxable)	E Gross Revenue Broken Down (Taxable Sales) (Form 53)	Amount of Tax Remitted to State Before 2% Discount
	June Regular Rate				
	June Food Rate				
	July Regular Rate				
	July Food Rate				
	August Regular Rate				
	August Food Rate				
	September Regular Rate				
	September Food Rate				
	October Regular Rate				
	October Food Rate				
	November Regular Rate				
	November Food Rate				
	December Regular Rate				
	December Food Rate				
	January Regular Rate				
	January Food Rate				
	February Regular Rate				
	February Food Rate				
	March Regular Rate				
	March Food Rate				
	April Regular Rate				
	April Food Rate				
	May Regular Rate				
	May Food Rate				
	Totals				

Gross Receipt “Worksheet” Continued

If you would prefer to send a copy of each month’s 53-1 form instead of completing the worksheet, this will be acceptable. However, you must provide a report that reflects both the non-taxable & taxable revenue to determine how you arrived at the total gross revenue for your business license renewal. Those copies can be mailed along with your renewal notice or you can email them directly to michelle@cityoffestus.org. However, please provide a name, phone number, and email address of the business representative who handles the sales tax remittances. This information is needed in case there would be a discrepancy between the State’s remittance to the city vs the tax return information you provided in the worksheet or on the form 53-1. If you have any questions regarding the worksheet, please contact Michelle Vaughn at 636-937-4694 or by email.

Business Representative Information (please print clearly):

Name _____ Phone No. _____

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 - Platin 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 IN PDF OR EXCEL FORMAT.