



**City of Creve Coeur**  
300 N. New Ballas Rd.  
Creve Coeur, MO 63141  
314-432-6000  
www.creve-coeur.org

**Business License Renewal Application/Invoice Calendar Year 2010**

**Delinquent After March 15, 2010**

Company Name \_\_\_\_\_ Missouri Retail Sales Tax Number \_\_\_\_\_  
Creve Coeur Address \_\_\_\_\_ Phone Number \_\_\_\_\_  
Fax Number \_\_\_\_\_ Website Address \_\_\_\_\_  
Manager's Name (Of Creve Coeur Location)(required) \_\_\_\_\_  
Manager's Email Address(required) \_\_\_\_\_  
Billing Address \_\_\_\_\_  
(if different from above)  
Billing City, State, Zip \_\_\_\_\_  
Number of Full-Time Equivalent Employees \_\_\_\_\_  
Type of Business: Office \_\_\_\_\_ Retail \_\_\_\_\_ Mfg \_\_\_\_\_ Warehouse \_\_\_\_\_  
Check One of the Following: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual/Proprietorship \_\_\_\_\_  
Description of Business \_\_\_\_\_  
SIC Code (if Known) \_\_\_\_\_

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Total Square Feet of Business \_\_\_\_\_  
X \$30 Per Thousand Square Feet or Any Portion of a Thousand  
Business License Fee \_\_\_\_\_  
(\$40.00 Minimum/\$1,000.00 Maximum)

**Please See Instructions on Back**

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I Do Hereby Certify That The Information Contained In This Application is Correct And In Accordance With The Business License Ordinances Of The City Of Creve Coeur.

Name (Please Print) \_\_\_\_\_  
Title \_\_\_\_\_ Telephone \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**A Check Must Accompany This Application**

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(Office Use Only)

Date Paid (stamped) \_\_\_\_\_ License Number \_\_\_\_\_ License Fee Amount Paid \$ \_\_\_\_\_

**City of Creve Coeur  
Business License Application Instructions**

**Important Read This Notice Before Filing 2010 Business License**

The following documentation will be required before your City of Creve Coeur Business License can be issued.

- 1) According to state law, the possession of a retail sales license and a statement from the State Department of Revenue that the licensee owes no sales tax to the state shall be a prerequisite to the issuance or renewal of any City license which is required for business where goods are sold at retail. The date of issuance on the statement obtained from the State Department of Revenue that the licensee owes no tax due shall be no more than ninety days before the submission for application renewal of the City of Creve Coeur Business License. Please call 1-573-751-5860 (State of Missouri), give your tax ID number and request a "letter of no sales tax due" to be mailed to you. If your business is not involved in retail sales then the above documentation is not required.
  
- 2) Any applicant for a City of Creve Coeur occupational or business license which is a contractor in the construction industry shall provide with its application a certificate of insurance for workers compensation coverage or an affidavit, on the form developed by the State Division of Workers' Compensation, signed by the applicant attesting the contractor is exempt from providing such coverage.

Lack of documentation as outlined above will result in your business not receiving a valid City of Creve Coeur Business License.

If you have any question please contact Linda Goewert at 314-872-2510. Your cooperation is appreciated.

**For Manufacturers/Warehouses**

\$20.00 per 1,000 square feet or any portion of a thousand.

Minimum annual license fee     \$ 40.00  
Maximum annual license fee     \$1,000.00

example: warehouse is 12,432 square feet, round up to 13,000 and multiply 13 by \$20.  
Your Business License fee would be \$260.00

**Not for Profit Organizations**

No fee. Must provide either IRS exemption letter or most current IRS 990 form. Please complete enclosed application.

**All other Businesses**

\$30.00 per 1,000 square feet or any portion of a thousand

Minimum annual license fee     \$ 40.00  
Maximum annual license fee     \$1,000.00

example: business is 2,123 square feet, round up to 3,000 and multiply 3 by \$30. Your  
Business License fee would be \$90.00

**Penalty:** The amount for business license taxes paid after the due date shall be as follows:

3 months or less delinquent	25% of Fee	(March 16 through June 15)
3 months to 6 months delinquent	50% of Fee	(June 16 through September 15)
over 6 months delinquent	100% of Fee	(September 16 and thereafter)

**Do You Have Vending Machines Located At Your Business? Yes\_\_\_\_\_ No \_\_\_\_\_**

**Number of Vending Machines\_\_\_\_\_ Currently Licensed\_\_\_\_\_**

**Vending Company & Address\_\_\_\_\_**

Thank you for your cooperation and we wish you success in your future endeavors.

# Emergency Contacts For After Hours

In The Event Of Burglary, Fire, Etc., At Your Business/Company

## Police Use Only

Business/Company Name: \_\_\_\_\_

Business/Company Phone # \_\_\_\_\_

Business/Company Address: \_\_\_\_\_

Fax Number \_\_\_\_\_

Website Address: \_\_\_\_\_

Contact Person #1 \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Contact Person #2 \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

Contact Person #3 \_\_\_\_\_

Home Phone # \_\_\_\_\_

Cell Phone # \_\_\_\_\_

**Please Return With Completed  
Business License Application**



**Business License Questionnaire**

**Please complete and return with Business License Application.**

1. **How long has your business been in the City of Creve Coeur?**  
 Less than 1 year     1 – 3 years     4 – 6 years     7 – 10 years     11 – 20 years     over 20 years
  
2. **Which category best identifies your type of business?**  
 Office                       Retail                       Manufacturing                       Warehouse
  
3. **In general, how would you rate Creve Coeur as a place to do business?**  
 Excellent                       Good                       Fair                       Poor
  
4. **How satisfied are your employees with Creve Coeur as a place to work?**  
 Very Satisfied                       Satisfied                       Dissatisfied                       Very Dissatisfied
  
5. **In general, how would you rate your treatment by city employees?**  
 Excellent                       Good                       Fair                       Poor
  
6. **How supportive are you of a smoking ban in Creve Coeur restaurants and bars?**  
 Very Supportive                       Supportive                       Unsupportive                       Very Unsupportive
  
7. **How often do you go out to eat in Creve Coeur?**  
 Weekly                       Twice per month                       Monthly                       A few times per year or less
  
8. **How often do you shop in Creve Coeur?**  
 Weekly                       Twice per month                       Monthly                       A few times per year or less
  
9. **How often do you use the City of Creve Coeur recreational facilities, such as the golf course, ice arena or meeting rooms?**  
 Weekly                       Twice per month                       Monthly                       A few times per year or less
  
10. **As with many cities, Creve Coeur city officials are concerned about being able to maintain the current level of services in the face of rising costs and decreasing revenues. If city officials felt they had to raise revenues, which option would you prefer?**  
 Sales Tax                       Business License Fee                       Property Tax
  
11. **Do you have any ideas on how to improve communications between the City of Creve Coeur and your businesses?**  
\_\_\_\_\_  
\_\_\_\_\_
  
12. **What new business or industry would you like to see in Creve Coeur to complement your business?**  
\_\_\_\_\_  
\_\_\_\_\_
  
13. **If you could ask city government to tackle one problem you feel is important to your business in Creve Coeur, it would be:**  
\_\_\_\_\_  
\_\_\_\_\_