



**STEP 2: CALCULATE LICENSE FEE: (Continued)**

**Flat Fee Method:** Use the amount listed below for the types of businesses listed:

Home Occupations	\$25/Year
Offsite ATM Machines	\$100/Unit/Year
Peddlers, Solicitors, Etc.	\$25/Day/Person; \$100.Minimum
Public Warehouse/Storage Business	\$1,000/Year
Refuse Vehicles	\$100/Vehicle/Year
Vehicles (any type) involved in the Vending of Goods/Services	\$100/Vehicle/Year
Virtual Office	\$25/Year

**License Fee Due:** \$ \_\_\_\_\_

**Fee Exempt:** Includes any nonprofit organization and occupations included in the Revised Statutes of Missouri in Sections 71.620 and 337.70. These operations should go directly to STEP 5.

**Late Fees:** Late fees are 5% for each month, or a portion of a month.

\_\_\_\_\_ x \$ \_\_\_\_\_ x 5% = \$ \_\_\_\_\_ **Late Fee Due: \$** \_\_\_\_\_  
# of Months Late License Fee Calculated Fee

**Go to STEP 4 unless this is a new business. Total Amount Due: \$** \_\_\_\_\_

**STEP 3: ADJUSTMENT FOR PARTIAL YEAR LICENSE:** Use to adjust your fees for a partial year license.

**Partial Year License Fees:** If the license is for a fraction of year only, complete the following equation:

\_\_\_\_\_ /12 x \$ \_\_\_\_\_ = \$ \_\_\_\_\_ **License Fee Due: \$** \_\_\_\_\_  
# of Months Open Fee (from STEP 2) Calculated Fee

**STEP 4: ATTACHED SUPPORTING DOCUMENTS:** Applications will not be processed or approved unless the following information accompanies the application:

1. Documentation verifying the gross receipts figures used in this application, as well as, documentation verifying amounts excluded from the gross receipts formula for businesses that use the Gross Receipts Method to determine the license fee.
2. Each contractor must provide a copy of their Certificate of Insurance for Workers' Compensation coverage per Missouri Revised Statutes, Chapter 287.
3. A "No Tax Due" letter from the Missouri Department of Revenue for each business that has any retail sales. The contact information for the Missouri Department of Revenue is [www.dor.mo.gov](http://www.dor.mo.gov) or 573-751-9268.

**STEP 5: SIGNATURE:** Please read the following agreement and sign below:

I acknowledge that the information I have set forth in this application is true and correct to the best of my knowledge. I further acknowledge that the City of Ellisville may request additional documentation to support the information set forth in this application, and that the City, if it so chooses, may audit the financial records of the business described in this application to determine if the information in this application is correct.

\_\_\_\_\_ **Name of Applicant (please print)**

\_\_\_\_\_ **Signature of Applicant**

\_\_\_\_\_ **Date**