| Ballerin NEW BUSINESS / OCCUPATION LICENSE APPLICATION For the year ending March 31, | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------------------|--|
| GENERAL BUSINESS INFORMAT | ION: | | | | |
| DBA Business Name: | | Telephone No | | | |
| Local Business Address: | | | Zip Code: | | |
| Legal Business Name: | | | | | |
| Billing Address: | | Zip Code: | | | |
| Email Address: | | | | | |
| If this location is a branch office | , list name, addre | Partnership Corporation LLC ss and phone number of parent corporation: | | | |
| NAME, TITLE, ADDRESS OF INDIVIDUAL OWNER, ALL PARTNERSHIP OWNERS OR CORPORATE OFFICERS and LOCAL MANAGERS | | | | | |
| NAME | TITLE | ADDRESS | ZIP | PHONE | |
| | | | | | |
| | Local Mgr | | | | |
| Telephone Service Provider: Nature of Business/Products Sold: No of Employees: Full Time Part Time Gross Floor Area: Sq. Ft Does applicant collect Missouri Sales Tax? Sales Tax No.: | | | | | |
| LICENSE FEE INFORMATION: | | | | | |
| EXEMPT OCCUPATION or NONPROFIT ORGANIZATION (No fee, but license information is requested.) SQUARE FOOTAGE: \$0.10 per square foot of floor space (\$100.00 minimum) (Paid by all non-retail sales businesses.) Square Footage of Floor Area utilized by businesssq. ft. x \$0.10 =(Fee) GROSS RECEIPTS: \$1.00 per \$1,000.00 of annual gross sales (\$100 minimum) (Paid by all retail sales businesses) Estimated gross receipts for current year ending December 31 \$; 1,000 × 1.00 = \$(Fee) | | | | | |
| AFFIDAVIT: | | | | | |
| information stated herein is true | | e/she is of the above he best of his/her knowledge. | ve-named bu | siness, and that all | |
| Signature of Applicant: | Da | Date: | | | |
| Printed Name of Applicant: | | | | | |
| RETURN THIS FORM WITH YOU | R CHECK PAYABL | E TO THE CITY OF BALLWIN, 1 GOVERNMENT C | TR, BALLWIN | , MO 63011. | |
| occupied must be inspected and | d approved by th tenant/occupar | zoning compliance before a license will be issu e City of Ballwin and the Metro West Fire Prote It before a business license will be issued. Busi | ection District | and an occupancy | |