



CITY OF NORMANDY

7700 NATURAL BRIDGE ROAD
NORMANDY, MISSOURI 63121

(314) 385-3300
FAX: (314) 385-1054

Business License Application

Licenses are valid from February 1st to January 31st

Please Print Legibly

Office Use Only

Business Name _____	Date Received: _____
Address _____	Business License #: _____
City _____ State _____ Zip _____	Expiration Date: _____
Mailing Address _____	Total Amount Paid: _____
(if different) City _____ State _____ Zip _____	<u>Please Check One</u>
Business Phone: _____	New Application ----- ()
Business Fax: _____	Change of Owner ----- ()
Type of Business Operation: _____	Change of Address ----- ()
Email Address: _____	Change of Business Name ()
	Renewal ----- ()

Enter Below Names of the Owner, Partners, or Corporate Officers (Attach additional sheets, as needed)

Owner / Corporation Name _____			
Address _____			
Street	City	State	Zip
Phone Number _____		Fax Number _____	
Missouri Sales Tax I.D. Number _____ attach a copy of the State form to your application.			
If you are a RETAIL business, also attach a copy of your "NO TAX DUE" letter from the Missouri Department of Revenue.			

LICENSE FEE

Gross Sales: \$ _____		MINIMUM FEE IS \$50
<i>Please attach documentation for your total receipts for the past year (for new businesses, this information is not necessary)</i>		
Number of Employees (including Owner and/or manager) _____		
<i>If you have greater than four (4) employees, attach to your application a certificate of insurance establishing coverage in accordance with the provisions of RSMO 287. If you claim that you are not subject to the provisions of Chapter 287, attach supporting documentation. Note that it is unlawful pursuant to RSMO 287 to provide fraudulent information in response.</i>		
LATE PAYMENT PENALTY IS 5% FOR EVERY MONTH LATE AFTER JANUARY 31ST.		
TOTAL TO BE PAID \$ _____	LATE FEE \$ _____	
To Calculate: A flat license fee of \$50.00 shall be charged for sales or receipts of \$25,000.00 or less; for gross sales or receipts in excess of \$25,00.00, \$1.00 for each additional \$1,000.00 of gross sales or receipts.		

I hereby certify that the information reported on the Application for Business License, Affidavit of Gross Receipts, and any State of Missouri Professional Registration are current and correct to the best of my knowledge, information, or belief.

Applicant Name/Title _____

Signature _____ **Date** _____

PLEASE RETURN APPLICATION TO:

7700 NATURAL BRIDGE ROAD, NORMANDY, MO 63121

PLEASE MAKE CHECKS PAYABLE TO "CITY OF NORMANDY"

Normandy Police Department
Business Emergency Contact Information

*This information will be used by the Normandy Police Department and will not be given out to the public.
This information should be updated annually or anytime there is a change.*

Please print or type

Date: _____

Business Name _____

Business Address _____

Physical Address in the City of Normandy

Business Phone Number _____ or _____
(Area Code) The number inside of the business

In case of an emergency, try contacting these people in this order. These people should be able to respond to the business within 15 minutes and have keys to the business. The Normandy Police Department would appreciate at least three people we can contact in the case of an emergency.

Name 1 _____ **Cell Phone** _____

Notes _____

Name 2 _____ **Cell Phone** _____

Notes _____

Name 3 _____ **Cell Phone** _____

Notes _____

Alarm Company Name _____ **Phone Number** _____

Special Consideration for the Police/Notes:

Hours of Operation:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Open:						
Close:						

Signature of person completing this form _____

Title

Please return with your business license application.



Affidavit of Gross Receipts

I, _____, as an owner or representative of the business operating in the
City of Normandy, Missouri by the name of _____,
being duly sworn hereby certify that the amount of gross receipts for the year _____ for
the business was \$ _____.

The affiant declares under the penalty of perjury that the above information is true and accurate to
the best of his or her knowledge, information, and belief. Additional criminal and civil penalties
may apply should the affiant intentionally provide false or misleading information herein.

Dated this _____ day of _____ 20____.

Signature of Affiant

State of Missouri
County of St. Louis

Subscribed and sworn before me this _____ day _____, 20____.

NOTARY PUBLIC

My Commission Expires: _____