



# 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 1<sup>st</sup> to January 31<sup>st</sup>

Please Print Legibly

Office Use Only

Business Name _____ Address _____ City _____ State _____ Zip _____ Mailing Address _____ (if different) City _____ State _____ Zip _____ Business Phone: _____ Business Fax: _____ Type of Business Operation: _____ Email Address: _____	Date Received: _____ Business License #: _____ Expiration Date: _____ Total Amount Paid: _____ <i>Please Check One</i> New Application ----- ( ) Change of Owner ----- ( ) Change of Address ----- ( ) Change of Business Name ( ) Renewal ----- ( )
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### Enter Below Names of 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 State form to your application if you are a RETAIL business, also attach a copy of your "NO TAX DUE" letter from MO Dept. of Revenue.*

### LICENSE FEE CALCULATIONS

Gross Sales: \$ \_\_\_\_\_ **MINIMUM FEE IS \$50**  
*Please attach documentation for your total receipts for the past year (for new businesses, this information is not necessary)*  
Number of Employees (including Owner and/or manage) \_\_\_\_\_  
*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.*  
**LATE PAYMENT PENALTY IS FIGURED AT 5% FOR EVERY MONTH LATE AFTER DUE DATE. NO EXCEPTIONS.**  
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 \$25,000.00, \$1.00 for each additional \$1,000.00 of gross sales or receipts.

Applicant Name/Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**PLEASE RETURN APPLICATION TO  
7700 NATURAL BRIDGE ROAD, ST. LOUIS, 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

Today's Date: \_\_\_\_\_

Business Name _____
Business Address _____ <small>Physical Address in the City Limits of Normandy</small>
Business Phone Number _____ or _____ <small>(Area Code) Number inside of the business</small>

In case of 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 Police Department would appreciate at least three people we can contact in case of an emergency.

<b>Name 1</b> _____ Cell Phone _____ Notes _____
<b>Name 2</b> _____ Cell Phone _____ Notes _____
<b>Name 3</b> _____ 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

Questions call: Police Chief Mark Hall 314-385-3300 ext. 3018 or mhall@cityofnormandy.gov