

CALENDAR YEAR: _____

License Valid from January 1 to December 31



General Business License Application

\$50.00 Annual Fee

5490 Fifth Street Cottleville, Missouri 63304 Ph: 636-498-6565 Fx: 636-498-6575

DBA Business Name: _____ LLC/Corporation Name: _____

Business Address: _____

Mailing Address: _____

Nature of Business: _____ Number of Employees: _____

Business Phone: _____ Fax: _____ Email: _____

Business Website: _____

Business Owner's Name: _____

Business Owner's Address & Phone Number: _____

Name of Local Manager: _____ Manager Phone No: _____

Federal EIN No.: _____ Sales Tax No.: _____

Check One: Sole Proprietor LLC Corporation Non for Profit

Check List – Attach Copies of the following: INCOMPLETE APPLICATIONS WILL BE RETURNED & NOT ACCEPTED

- Copy of Driver's License or Picture ID of Owner & Local Manager
- Missouri Retail Sales Tax License stating your business is inside the City limits of Cottleville
- No Taxes Due Letter from Missouri Department of Revenue – 573-751-9268 *REQUIRED ANNUALLY*
- Cottleville Police Department Emergency Contact Form
- \$50.00 License Fee Payable to "City of Cottleville"
- Late Fee(s) - \$25.00 per month: not to exceed \$150.00
- Certificate of Insurance for Workers Compensation Coverage for any Employer with five or more employees or any construction business with one or more employees (pursuant to Chapter 287RsMo)
- Approved City of Cottleville Occupancy Inspection – (For New Businesses Or Change in Ownership without a Building Permit)
Complete an Occupancy Inspection Application which can be found at cityofcottleville.com under forms and permits
- ALL New Businesses within the Old Town Historic District require an approved Conditional Use Permit*
- Site Plan/Zoning approval may be applicable
- New Signage requires a permit, ALL signage within Old Town Historic District requires a Certificate of Appropriateness

The information given above & attached is true and correct to the best of my knowledge

Signature of Owner /Authorized Person _____ Print Name _____ Title _____ Date _____

Cottleville Office Use			
Date Application Received		Check No:	
Fee Receipt No:		Date License Issued:	
Total Amount Paid:		Notes:	