



One Detjen Drive
Crestwood, MO 63126
(314) 729-4700

OFFICE OF THE CITY CLERK

Business License Application

New Renewal

Crestwood Business Name

Crestwood Business Street Address City State ZIP

Crestwood Business Phone Number Business Email Address

Mailing Address/Corporate Mailing Address (if different) City State ZIP

Corporate/Other Contact Number Corporate/Other Email Address

Contact Name Title Tax I.D. or SSN Number

Type of business: Home-Based Commercial Property _____ # of Employees

Classification: Merchant Manufacturer Service Occupation Other _____

Does your business charge sales tax: Yes No MO Sales Tax Number: _____

BUSINESS LICENSE FEE STRUCTURE

Gross Receipts or Square Footage *(Greater of the two)		Fee
2021 Gross Receipts	Insert the amount of gross receipts made during the year _____ x \$0.00125	(Gross Receipts total)
Square Footage (minimum 100 sq. feet)	Insert the square feet of space occupied by this business: _____ sq. ft. x \$0.10	(Sq Footage total)
		*circle whichever is greater
Late Penalty (5% first month, then 2.5% each month; not to exceed 25%)		
TOTAL DUE		

* Please note: The minimum license fee is \$10. The business license **must** include a copy of gross receipts. A copy of the statement page of the business' most recent tax filings showing the amount, gross receipt printouts from accounting software or a statement from the business' finance officer/accountant certifying the amount are acceptable practices.



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Remit all Information and Check (made payable to City of Crestwood) to:

City Clerk
1 Detjen Dr.
Crestwood, MO 63126

Crestwood Business License Application Checklist:

- Completed and Signed Application
- Business Emergency Contacts
- Copy of Statement Certifying the Amount of Gross Receipts
- No Tax Due Letter, if applicable
- Certificate of Insurance and/or Worker's Compensation, if applicable

If all you included everything, please sign below. If you have any questions, comments or concerns, please contact the City Clerk at 314-729-4700.

By signing below, you certify that the information given in this application is true to the best of your knowledge and belief and that any false statements on this form shall be punishable by law. The license is non-transferable.

Signature of Applicant

Printed Name

Title

Date

OFFICE USE

Accepted by & date:

Receipt #

Approved by & date:

License #

If new, what type of business:

If new, PW Occupancy #



Business Emergency Notification Information

Business Information

Name: _____ Date: _____

Address: _____

Telephone: _____

Alarm (Y/N): _____ Alarm Company: _____

Alarm Company Phone Number: _____

Owner: _____ Phone: _____

Email Address: _____

Is there Hazardous Material on site? (Y/N): _____ Type: _____

Location: _____

Is there a Knox Box on the property? (Y/N): _____ Location: _____

Keyless Entry Instructions (if any): _____

Building Owner/ Property Management Company (if different from above)

Name: _____ Phone: _____

Emergency Notifications:

1 Name: _____ Phone: _____

2 Name: _____ Phone: _____

3 Name: _____ Phone: _____

Additional Comments: _____

