



2024-2025 New Business License Application

****Gross Receipts****

License Year 7/1/2024 – 6/30/2025

Business Name _____

D.B.A. (if applicable) _____ **Date Business Established** (in Clayton) _____

Federal Tax ID _____ **State Tax ID** _____

Business Phone _____ **E-mail Address** _____

Business Address _____
Street Suite # City State Zip

Mailing Address _____
(If different from Business Address) Street Suite # City State Zip

Contact Person _____ **Contact Phone** _____

Commercial Occupancy Permit Number _____ **Number of Employees** _____
(IMPORTANT: Approved occupancy permit required prior to submitting this application)

Business Type/Nature of Business _____
(examples of gross receipts-based businesses listed on the back of this form)

Minority-Owned (circle one) Yes / No **Woman-Owned** (circle one) Yes / No

CALCULATION OF LICENSE FEE:

License fees for service-based businesses, restaurants, merchants, etc., are calculated by using the formula below based on your previous calendar-year gross receipts amount. There is a minimum \$50.00 License Fee.

It is hereby declared, the gross receipts amount for the above listed business from 1/1/2023 – 12/31/2023* was:

\$ _____ X 0.00125 = **LICENSE FEE** \$

*If the business did not have previous calendar-year operations in Clayton, use estimated gross receipts for the remainder of the current license year.

Certificate of Workers Compensation enclosed (if carried)

Certificate of No Tax Due enclosed - <https://dor.mo.gov/business/sales/notaxdue/>

Please review the information on this form to ensure that it is correct. By signing below, you are stating that the information on this form is accurate to the best of your knowledge.

Signature: _____

Printed Name: _____ Date: _____

Please submit this completed form along with payment to:

City of Clayton, Attn: Business Licenses, 10 N. Bemiston Ave., Clayton, MO 63105

* Make checks payable to City of Clayton or complete the credit card authorization form on the back of this document.

* Please direct any questions to licensing@claytonmo.gov or call (314) 290-8442 for assistance.

Application and payment are due within 30 days of operating your business in Clayton.

**CITY OF CLAYTON
CREDIT CARD PAYMENT AUTHORIZATION FORM**

MasterCard

Visa

Discover

Amex

Name on card:

Street # of billing address: _____

Card Number: (16 Digits)

Expiration Date: __ / __
 (mm/yy)

CVC: _____

Billing Zip Code: _____

Amount authorized for payment: \$ _____

Cardholder signature:

Date:

FOR OFFICE USE ONLY

Processed by: _____

Date: _____

Examples of Business & Occupations/Gross Receipts-based Businesses

Appliance, Machinery, or Clothing Repair
Automobile Repair and Painting
Automobile Washing
Barber Shop
Beauty Salon/Hairdresser/Nail Salons
Bookbinding Company or Agency
Caterer
Cleaner, Presser, Launderer, Dyer
Clothing Rental
Dancing School or Studio
Laboratory: Medical, Dental, and Testing
Massage therapy

Merchant/Retail
Personal Training by Appointment
Photographer
Repair
Reducing Salon
Restaurant
Shoe Repair
Tailor and/or Dressmaker
Theater
Upholsterer
Wholesale Companies
Any Service-Based Business