



# 2024-2025 New Business License Application

**\*\*Set Fee\*\***

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** \_\_\_\_\_  
(IMPORTANT: Approved occupancy permit required prior to submitting this application)

**Business Type/Nature of Business** \_\_\_\_\_

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

## CALCULATION OF LICENSE FEE:

(A) Set Fee Amount (see reverse side of this page for fee schedule) \$ \_\_\_\_\_

(B) # of Employees \_\_\_\_\_ x \$8.00 = \$ \_\_\_\_\_

**LICENSE FEE = *Higher\** of (A) or (B)** \$

*\*Use the higher amount; Do not add A and B      Minimum License Fee is \$50.00*

Certificate of Workers Compensation enclosed (if carried)

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](mailto: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: \_\_\_\_\_

**Schedule of Set Fees**

Abstract Agency.....\$470	Insurance Insp/Rating/Claim Agency.....\$230
Actuarial Firm.....\$470	Loan Agency or Company.....\$790
Auctioneer.....\$310	Merchandise Rental Co. or Agency.....\$230
Bank/Trust Company & Bank Corp.....\$790	Mortgage Broker.....\$230
Bank – Individual DBA.....\$790	Moving/Storage Company.....\$230
Business/Correspondence School.....\$230	Pawnbroker.....\$230
Collection Agency.....\$310	Printer or Publisher.....\$230
Commodity Futures Brokerage.....\$790	Public Hall.....\$310
Employment Agency.....\$230	Real Estate/Agency/Brokerage.....\$50
Food Storage Locker.....\$230	Savings & Loan (5+ employees).....\$790
General Office.....\$50	Savings & Loan (<5 employees).....\$50
Health Club.....\$230	Stock/Bond/Brokerage Co.....\$790
Hotel or Motel.....\$470 + \$8/sleeping room	Ticket and/or Travel.....\$230
Insurance/Sale/Brokerage Company.....\$50	Title Insurance Company.....\$470
Insurance Companies – all types.....\$790	Undertaker.....\$230