



STATEMENT OF TOTAL SQUARE FOOTAGE AND YEAR 2024 APPLICATION FOR A BUSINESS, TRADE, OR OCCUPATION LICENSE

CITY OF FRONTENAC
10555 CLAYTON ROAD, FRONTENAC, MO 63131
PH: (314) 994-3200 FAX: (314) 994-3203

Business Owner: \_\_\_\_\_ dba: \_\_\_\_\_

Business Owner Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_
City, State Zip

Frontenac Location (if applicable): \_\_\_\_\_ Telephone #: \_\_\_\_\_

Description of Business, Trade, or Occupation to be conducted: \_\_\_\_\_

Email Address: \_\_\_\_\_

hereby applies to the City for a license to carry on a business, trade, or occupation in the City of Frontenac

You must have a Business, Trade, or Occupation License for the privilege of engaging in and carrying on, within the City of Frontenac, any business, trade, or occupation not otherwise exempted by the provisions of Section 71.62 RSMo. No person, firm, corporation, association, or partnership, nor any two or more persons engaged in any joint enterprise shall engage in or carry on any business, trade, or occupation without having first obtained a license.

\*\*\*\*\*STATEMENT OF TOTAL SQUARE FOOTAGE\*\*\*\*\*

Total square footage of building space used to conduct the business: \_\_\_\_\_

Includes banks, trust companies, real estate brokers and sales agencies, land and building management firms, insurance companies, professional search firms, manufacturer's representatives, stock, bond and

Tax for Business, Trade, or Occupation License (multiply total square footage by \$0.50): \$ \_\_\_\_\_ \*
Please make your check payable to the CITY OF FRONTENAC and mail to the address shown above. MINIMUM TAX IS \$100.

\*RSMO 287.061 requires that any construction business with one or more employees must submit a certification of insurance for workers compensation coverage, or an exempt waiver, prior to issuance of a business license by the city.

State Sales Tax/Taxpayer ID No./SS No. \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Is this your first year doing business in Frontenac? \_\_\_\_\_

Signature of Company Official

Printed Name and Title

\*\*\*\*\*NOTARY PUBLIC\*\*\*\*\*

STATE OF MISSOURI
COUNTY OF ST. LOUIS

Subscribed and sworn to before me on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature and Seal

\*\*\*\*\*DELINQUENT FEES AND PENALTIES\*\*\*\*\*

- 1. For late filing: \$25 per week or portion thereof or one-quarter percent (.25%) of said license fee (whichever is greater), but not to exceed two hundred percent (200%) of the license fee due.
2. Operating without a license may result in a \$100.00 fine per day for violation of the City Ordinance.

(For Office Use Only)

License # \_\_\_\_\_ Date Issued: \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_ Received by: \_\_\_\_\_