

# LICENSE FEE FOR HOTELS/MOTELS

No. of Rooms \_\_\_\_\_ x \$13.50 = \_\_

(Total)

# APPLICATION FOR HOTEL/MOTEL BUSINESS LICENSE

#### LOCATION INFORMATION

Address to be occupied \_\_\_\_\_\_Suite No.\_\_\_\_ Total Square Footage \_\_\_\_\_

Anticipated Move-in Date (Check One):

 $\Box$  July 1<sup>st</sup> to September 30<sup>th</sup> = 100%

 $\Box$  October 1<sup>st</sup> to December 31<sup>st</sup> = 75%

City of

Woodson Terrace

P: 314-427-2600 | F: 314-427-0571 www.woodsonterrace.net

- $\Box$  January 1<sup>st</sup> to March 31<sup>st</sup> = 50%
- $\Box$  April 1<sup>st</sup> to June 30<sup>th</sup> = 25%

(Use Scale to determine Business License Fee)

## Please Check One:

- $\Box$  New Hotel/Motel Application
- $\Box$  Change of Ownership
- $\Box$  Change of Address
- $\Box$  Change of Hotel/Motel Name
- □ Hotel/Motel Application Renewal

## HOTEL/MOTEL INFORMATION

| Name of Business (DBA) |   |
|------------------------|---|
| Business Owner         | Will there be any outdoor storage? Yes $\Box$ No $\Box$ |
| Current Address        | Employees: Full Time Part Time                          |
| City, State, Zip       | Will you have on premise vending machines?              |
| Phone                  | Yes $\Box$ No $\Box$                                    |
| Email Address          | Vending machine owner:                                  |

| PROPERTY INFORMATION                          |                  |
|---|------------------|
| Property Owner                                | Property Manager |
| Address                                       | Address          |
| Address City, State, Zip Contact Person Dhene | City, State, Zip |
| Contact Person                                | Contact Person   |
| Phone   | Phone            |
| Email Address                                 | Email Address    |

#### AS AN AUTHORIZED REPRESENTATIVE OF THE ABOVE BUSINESS, I CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS CORRECT TO THE BEST OF MY KNOWLEDGE.

Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Notary Public \_\_\_\_\_ Date \_\_\_\_\_

#### ADDITIONAL REQUIREMENTS

• All applicants for a new business license or a renewal <u>MUST</u> submit a "Certificate of No Tax Due" letter from the Department of Revenue indicating that there are no outstanding sales taxes due.

• A company (if applicable) must provide the Federal Form 501-C-3 indicating tax exempt status in order to waive the business license fee. Exempt accounts remain responsible for other fees, inspections and applications to provide any license or permit.

• It is the sole responsibility of the business requesting a license from the City of Woodson Terrace to meet all applicable requirements of the State of Missouri, St. Louis County and the United States.

• All business licenses expire annually on June 30th. Delinquent renewals are assessed a 10% late penalty. An additional 1% per month will be added thereafter. This license does not include the Transient Guest Tax, which is collected separately.

• **CONTRACTORS ONLY** — State law requires that any contractor in the construction industry must attach to this application, a Certificate of Insurance for proof of Workers' Compensation Coverage OR an affidavit by the applicant attesting that the contractor is WC exempt. A Business License will not be issued unless the business meets the Missouri State Law Requirements. If applicable, please advise the Insurance Company to list the City of Woodson Terrace as a Workers' Compensation Certificate Holder, and listing on that certificate, the City of Woodson Terrace location D/B/A of your business. Questions should be addressed to the Missouri Division of Workers' Compensation, at 1 (800) 775-2667, or your Insurance Co.

THE OCCUPANCY PERMIT AND BUSINESS LICENSE ARE TO BE POSTED AT THE PLACE OF BUSINESS IN A LOCATION THAT IS CLEARLY VISABLE TO THE PUBLIC