



Robert W. Schnur, CPA
Director of Finance

Merchant & Manufacturer License Application

Name of Business: _____

Contact Name: _____

Business Location: _____ Mailing Address: _____

E-Mail Address: _____ Telephone #: _____

MO Sales Tax #: _____ Facsimile #: _____

Business Location's Annual Retail Sales: Merchandise for Sale:
\$1 - \$1,000,000 volume, \$15 fee
\$1,000,001 - \$10,000,000 volume, \$20 fee
\$10,000,001+ volume, \$25 fee
Retail
Wholesale
Retail & Wholesale
Manufacturer

NEW LICENSE APPLICANTS - Provide copies of the following documentation or information:

- Prior Year Business Real & Personal Property Tax Receipts (or Waiver if a new business)
Business License issued by Municipality
Land Use Permit issued by St. Charles County Planning & Zoning Division
Food Establishment License #: _____ (If applicable)

Applicant's Signature _____ Date _____

Make Checks Payable to St. Charles County Government.
201 N Second St. Room 541 St. Charles, MO 63301

Denied, Reason: _____

Approved, License #: _____ Processor: _____