



City of Herculaneum

#1 Parkwood Court
Herculaneum, Missouri 63048
Phone: 636-475-4447 Fax: 636-475-6191
Email: kniehaus@cityofherculaneum.gov

Business License Application

Checklist

Please be advised that your business license will expire on October 31 each year. Your business license must be renewed prior to November 1 each year. You must provide the following documents with your business license renewal application.

- ☐ Completed Business License Application
- ☐ License Fee (\$200.000 Commercial) (\$0.00 in home).
- ☐ Emergency contact information sheet
- ☐ Notarized Affidavit.
- ☐ Certificate of Liability Insurance
- ☐ Certificate of Workmen's Compensation Insurance
- ☐ Knox Box (If new business and not on building)
- ☐ Paid Real Estate and Personal Property receipts
- ☐ Occupancy Inspection (If new business)

If you have any questions, you can contact the City Clerk at 636-306-5846. Thank You.



City of Herculaneum

Date: _____

Business Name: _____

Business Address: _____

Mailing Address: _____

Email Address: _____

Business Phone: _____ Number of Employees: _____

Federal Tax ID Number: _____ State Tax ID Number: _____

CID District: ☐ Yes ☐ No

Owner Name: _____ Driver License Number: _____

Home Address: _____

Home Phone: _____

US Citizen: ☐ Yes ☐ No

General Description of Sales and/or Service at this Location: _____

Please list any possible hazards such as chemicals stored, animals on premises or irregular hours: _____

Owner of the Property (If Renting): _____

Owner Address: _____

Owner Phone Number: _____

Certificate of Worker's Compensation Insurance: *This is to clarify that the employer named above ☐ IS ☐ IS NOT required to purchase worker's insurance under Chapter 287 RSMo 1966 as amended.*

Insurance Carriers Name: _____

Address: _____

Policy Number: _____ Effective Date: _____

Signature of Applicant: _____

LICENSE FEE: \$200.00 COMMERCIAL, \$0.00 IN-HOME. NOVEMBER 1, 20XX THROUGH OCTOBER 31, 20XX.

SALES TAX RATES FOR CID DISTRICTS IS 10.850 (ALONG MCNUTT TO PRAIRIES EAST/WEST OF COMMERCIAL BLVD)

NON-CID DISTRICT 9.850 (PLEASE MAKE SURE YOUR BUSINESS IS CHARGING THE CORRECT SALES TAX)



City of Herculaneum

#1 Parkwood Court
Herculaneum, Missouri 63048
Emergency: 911 Phone: 636-475-4447 Fax: 636-475-6194
Email: INFO@CITYOFHERCULANEUM.GOV



Emergency Contact Information

Business Name: _____ Date: _____

Business Address: _____ Phone: _____

Site/Building Number: _____ City: _____ Zip Code: _____

Type of Business: _____

Operating Hours: _____

Owner/Manager Name: _____ Phone: _____

Alarm Company Name: _____ Phone: _____

Does the Business have a burglar alarm system? ☐ Yes ☐ No

If yes, what type of alarm? ☐ Motion ☐ Interior ☐ Exterior ☐ Contact ☐ Window
☐ Hold Up ☐ Other

Does the Business have a Fire alarm system? ☐ Yes ☐ No

If yes, what type of alarm? ☐ Smoke ☐ Heat ☐ Manual

Sprinkler System? ☐ Yes ☐ No

If yes, what kind? ☐ Wet ☐ Dry

Does the Business have a medical alarm system? ☐ Yes ☐ No

If yes, what kind? ☐ Pendant ☐ Manual

Does the Business have a Knox Box? ☐ Yes ☐ No Location of Box: _____

Code for fire department use: _____

Emergency Contact Numbers (List in order of preference)

*****No office or business phones, this is for after-hours emergencies. This form is strictly to provide notification to the business owner. This list is only shared with Law Enforcement and Fire Personnel*****

Name: _____ Title: _____

Address: _____ City: _____ Zip Code: _____

Phone: (____)-____-____ Type: _____

Name: _____ Title: _____

Address: _____ City: _____ Zip Code: _____

Phone: (____)-____-____ Type: _____



City of Herculaneum

Affidavit

Pursuant to the requirements of House Bill No. 1549 of the State of Missouri, and further pursuant to the requirements of Sections 67.0307, 285.530, 285.535 and 285.550 of the Revised Statutes of Missouri, the undersigned business hereby affirms that it **does not employ illegal immigrants.**

The undersigned further acknowledges that if the City receives notice from either a court of the Attorney General's Office or determines that a business has violated the above Section 285 of the Revised Statutes of Missouri, that the City is required to suspend the business license within fifteen (15) days of receiving such notification. **Self-employed individuals with no employees are excluded from this law.**

Name of Business

By: _____
Signature

The legislature enacted Senate Bill 30 providing for the following requirement for local licenses:

Section 114.083.2 RSMo, "The possession of a retail sales license and **a statement from the Department of Revenue that the license owes no tax due under sections 144.010 to 144.510 or sections 143.919 to 143.26, RSMo** shall be prerequisite to the issuance of renewal of any City of County occupation license, which is required for conducting any business where goods are sold or retail." This is effective January 01, 2009.

The undersigned Herculaneum City licensed business hereby affirms that they **owe no sales tax** to the Missouri Department of Revenue due to retail sales. The undersigned further acknowledges that if the City receives notice from either a court of the Attorney General's Office or determines that a business has violated the above sections of the Revised Statutes of Missouri, that the city is required to suspend the business license upon receiving such notification.

Name of Business

By: _____
Signature

Subscribed and sworn to before me this _____ day of _____, 20____.

Notary Public



City of Herculaneum

Knox Box Information

It is the responsibility of the new business owner to ensure that a Knox Box is installed, and a key is provided.

Who is responsible to purchase the Knox Box would be between the owner of the facility and the occupant.

Go to <https://www.knoxbox.com/Products> and click the buy button on the top right corner then search for Herculaneum Fire Department and an approved list of items will display for you to purchase.