



TO: ALL BUSINESS ESTABLISHMENTS WITHIN THE CITY OF COOL VALLEY

Enclosed, you will find various application forms for use in applying for your 2026-2027 City of Cool Valley business license. All license fees must be paid by May 1st.

The **State of Missouri** mandates that all businesses with five or more employees (including part-time and temporary employees) must have workers' compensation coverage. **All construction contractors** with one or more employees **must continue to provide proof of insurance** to obtain a business license for the City of Cool Valley.

Gross receipt declaration forms are enclosed for those businesses whose license fees are based upon gross receipts. These forms must be completely filled out, signed, and returned by May 1, 2026. The **declaration form must reflect a current Missouri Sales "NO Tax Due" Certificate** that is coded to your Cool Valley Business address. Also, a copy of your gross sales "Schedule C" should be submitted with the form. No license will be issued without this information.

Note: Each operator/booth renter in a beauty/barber/nail salon must have a license if their gross receipts are not reported by the business owner.

All businesses subject to miscellaneous business licenses will notice the fee schedule can be viewed in Chapter 605: Business Licenses and Regulations Section 605.200: License Fees for Businesses and Occupations. <https://ecode360.com/29635456> . Businesses for which a flat fee is required will have the fee noted.

Business License Application

- A copy of your "**NO TAX DUE**" letter from the Missouri Department of Revenue.
- Affidavit of Gross Receipts and a copy of your Schedule C or documentation of gross receipts.
- A copy of your State of Missouri Board of Professional Registration certification to operate. (For businesses such as doctors, dentists, veterinarians, barber shops, hair braiding, massage therapy, skin care services, and salon services).
- Certification of the number of employees who work at your establishment. If you have more than 4 employees, please provide proof of workers' compensation insurance.
- Emergency Contact Information Form.

Enclosed is a form for reporting coin-operated vending machines located in or about your place of business. We ask that the name and address of the owner/s be reported on this form.

If you have any questions concerning your business license application, you may contact our office at 314-521-3500. *(Notary service is available at City Hall at no charge. Please call ahead.)*

D. Drake, City Clerk



In compliance with Chapter 605 of the Municipal Code of the City of Cool Valley, Mo., the undersigned hereby files a Declaration of Gross Receipts and makes an Application for a Business License for the twelve months beginning May 1, 2026, through May 1, 2027.

Email Address: _____
(Name of Business, Corporation, or Partnership)

Business Phone: _____
(Address of Business in the City of Cool Valley)

Type of Business _____ **Mail to Business Address:** Y N

Home Office/Resident Address: _____
(Street Address/P.O. Box, State and Zip Code)

Home Office/Resident Phone: _____

Name of Auditor _____ Phone _____

Missouri State Sales Tax No. _____ Occupancy Permit No. _____

“NO TAX DUE” FORM FROM THE MO DEPT OF REVENUE MUST ACCOMPANY THE APPLICATION

Declaration of Gross Receipts

For the purpose of obtaining said license, the applicant states that the Gross Receipts, as defined in the Municipal Code for the City of Cool Valley, during the period of January 1, 2025, through December 31, 2025, was \$ _____

After reviewing your statement regarding Gross Receipts and Application for a License, you may call us at 314-521-3500 to confirm the amount due, or a bill will be issued for your license renewal to be paid prior to May 1st. The license will be mailed or emailed to you upon payment of the license fee.

State of Missouri)
County of St. Louis)

_____ being duly sworn on this oath, states that he/she is
_____ of the above business, and that he/she is familiar with the
(Title: owner, partner, officer)

business of the applicant and that the gross receipts reported above in the application are true and correct to the best of his/her knowledge, information, and belief.

(Signature of Applicant)

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

My commission expires _____

(Notary Public)

The license fee is due and payable on or before May 1, 2026, and delinquent as of May 10, 2026.



LICENSE APPLICATION FOR MISCELLANEOUS BUSINESSES AND OCCUPATIONS OTHER THAN MERCHANTS AND MANUFACTURERS, AS PROVIDED IN CHAPTER 605 OF THE MUNICIPAL CODE OF THE CITY OF COOL VALLEY, MISSOURI, FOR THE PERIOD MAY 1, 2026, THROUGH MAY 1, 2027.

Applications are hereby made by: _____

NAME _____
(Owner & Trade Name of Partnership or Corporation)

Type of Business: _____ Occupancy Permit No. _____

Email Address: _____

Business Address: _____ Telephone No. _____

Residence Address: _____ Telephone No. _____

Number of regular Employees or Associated persons with Said Business _____

A fee in the amount of \$ _____ is hereby submitted. (See Fee Schedule <https://ecode360.com/29635456>)

Flat Fee due \$ _____ if applicable; Flat Fee submitted.

State of Missouri/County of St. Louis)

_____, being duly sworn on his/her oath, states that he is _____ of the above business, and that he/she is familiar with the _____
(Title: Owner, Partner, Officer)

Business of the applicant and that information reported above in said application is true and correct to the best of his/her knowledge, information, and belief.

(Signature of Applicant)

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

(Signature of Notary Public)

NOTE: Businesses are subject to miscellaneous business and/or occupational licenses as outlined in Chapter 605, Section 605.200 of the Municipal Code. Businesses with the required a flat fee will have it noted above.

License Fee is due and payable on or before May 1, 2026, and is delinquent until May 10, 2026

(Fee may be noted on the application; otherwise, we will bill the applicant.)

Date



CONFIDENTIAL INFORMATION
Request for the City of Cool Valley
Normandy Police Dept.

Note: The information requested will be held in strict confidence by the Police Department and used Only in case of emergency. *The entire form must be completed and signed. PLEASE TYPE OR PRINT.*

NAME OF BUSINESS: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE NUMBER: _____

e-mail address: _____

OWNER'S NAME: _____

ADDRESS: _____ **PHONE:** _____

EMERGENCY CONTACT: _____

ADDRESS: _____ **PHONE:** _____

BACKUP CONTACT: _____

ADDRESS _____ **PHONE:** _____

Business Hours: _____

Do you have a Burglar Alarm/Security System? ___ Yes/No ___ What type? _____

Is there a side entrance? ___ Yes/No ___ Rear entrance? ___ Yes/No ___

Do you have a safe? ___ Yes/No ___ Located where? Supervisor Office _____

Do you have a Security Person? Peace Person

Do you cash checks? _____

Any additional information that may benefit your security: _____

OWNER'S SIGNATURE

Return the completed form with the license application.