



100 Signal Hill Drive  
Cool Valley, MO 63121  
Phone 314.521.3500 Fax 314.942.8701  
[www.cityofcoolvalley.org](https://www.cityofcoolvalley.org)

February 28, 2025

Please find the enclosed business license application for the 2025 renewal year. The issuance of a business license is governed by Chapter 605 of the City Code (which is available at: <https://ecode360.com/29635460#29635456>)

Section 605.030 states, that every person engaged within the City of Cool Valley, Missouri, in an occupation, trade, business, subject, calling, vocation, or profession provided for in Article I, Section 605.010, except those provided specifically for elsewhere in these laws, shall pay an annual occupation license fee based upon the annual gross receipts or sales of said occupation, trade, business, subject, calling, vocation, or profession as provided for in Section 605.040. *A completed application must include (documents must be completed in full):*

#### Business License Application

- A copy of your "**N O 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 that work at your establishment. If you have more than 4 employees, please provide proof of worker's compensation insurance.
- Emergency Contact Information Form.

The business license application must be returned to Cool Valley City Hall, 100 Signal Hill Dr. Cool Valley, MO, 63121 accompanied by payment to the City of Cool Valley. ***The due date for the application is May 1, 2025.*** Renewal after this date will result in a 3% late fee for every month of delinquency. *Failure to renew your business license could prevent you from conducting business within the City of Cool Valley.*

Should you have any questions, please feel free to contact Cool Valley City Hall, 100 Signal Hill Dr. Cool Valley, MO 63121, Monday through Friday from 8 a.m. to 4 p.m. or at 314-521-3500 or email [cityclerk@cityofcoolvalley.org](mailto:cityclerk@cityofcoolvalley.org).



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, 2025, through May 1, 2026.

\_\_\_\_\_  
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, 2024, through December 31, 2024, was \$ \_\_\_\_\_

After reviewing your statement of Gross Receipts and Application for a License you may call us at 314-521-3500 for the amount due or a bill will be issued for the amount due for your license renewal to be paid prior to May 1st. The license will be mailed 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, 2025, and delinquent as of May 15, 2025.**



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 PERIOD MAY 1, 2025, THROUGH MAY 1, 2026.

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, 2025, and is delinquent until May 15, 2025.**

*(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 \_\_\_\_\_  
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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.