



2025-2026 New Business License Application

****Set Fee****

License Year 7/1/2025 – 6/30/2026

Business Name _____

D.B.A. (if applicable) _____ **Date Business Established** (in Clayton) _____

Federal Tax ID _____ **State Tax ID** _____

Business Phone _____ **E-mail Address** _____

Business Address _____
Street Suite # City State Zip

Mailing Address _____
(If different from Business Address) Street Suite # City State Zip

Contact Person _____ **Contact Phone** _____

Commercial Occupancy Permit Number _____
(IMPORTANT: Approved occupancy permit required prior to submitting this application)

Business Type/Nature of Business _____

Minority-Owned (circle one) Yes / No **Woman-Owned** (circle one) Yes / No

CALCULATION OF LICENSE FEE:

(A) Set Fee Amount (see reverse side of this page for fee schedule) \$ _____

(B) # of Employees _____ x \$8.00 = \$ _____

LICENSE FEE = *Higher of (A) or (B)** \$

**Use the higher amount; Do not add A and B Minimum License Fee is \$50.00*

Certificate of Workers Compensation enclosed (if carried)

Please review the information on this form to ensure that it is correct. By signing below, you are stating that the information on this form is accurate to the best of your knowledge.

Signature: _____

Printed Name: _____ Date: _____

Please submit this completed form along with payment to:

City of Clayton, Attn: Business Licenses, 10 N. Bemiston Ave., Clayton, MO 63105

* Make checks payable to City of Clayton or complete the credit card authorization form on the back of this document.

* Please direct any questions to licensing@claytonmo.gov or call (314) 290-8442 for assistance.

Application and payment are due within 30 days of operating your business in Clayton.

**CITY OF CLAYTON
CREDIT CARD PAYMENT AUTHORIZATION FORM**

MasterCard Visa Discover Amex

Name on card: _____ Street # of billing address: _____

Card Number: (16 Digits)

Expiration Date: __/__/__ (mm/yy) CVC: _____ Billing Zip Code: _____

Amount authorized for payment: \$ _____

Cardholder signature: _____ Date: _____

FOR OFFICE USE ONLY
 Processed by: _____ Date: _____

Schedule of Set Fees

Abstract Agency.....\$470	Insurance Insp/Rating/Claim Agency.....\$230
Actuarial Firm.....\$470	Loan Agency or Company.....\$790
Auctioneer.....\$310	Merchandise Rental Co. or Agency.....\$230
Bank/Trust Company & Bank Corp.....\$790	Mortgage Broker.....\$230
Bank – Individual DBA.....\$790	Moving/Storage Company.....\$230
Business/Correspondence School.....\$230	Pawnbroker.....\$230
Collection Agency.....\$310	Printer or Publisher.....\$230
Commodity Futures Brokerage.....\$790	Public Hall.....\$310
Employment Agency.....\$230	Real Estate/Agency/Brokerage.....\$50
Food Storage Locker.....\$230	Savings & Loan (5+ employees).....\$790
General Office.....\$50	Savings & Loan (<5 employees).....\$50
Health Club.....\$230	Stock/Bond/Brokerage Co.....\$790
Hotel or Motel.....\$470 + \$8/sleeping room	Ticket and/or Travel.....\$230
Insurance/Sale/Brokerage Company.....\$50	Title Insurance Company.....\$470
Insurance Companies – all types.....\$790	Undertaker.....\$230