

**CITY OF LADUE**  
**RETAIL BUSINESS LICENSE TAX DUE STATEMENT**

Retail businesses must submit the following items by **March 1<sup>st</sup>** of each year:

- License Tax Due Statement, Signed and Complete
- Retail Business Tax Due Worksheet (see reverse side) – *Based on actual gross receipts reported to the Department of Revenue*
- Accurate License Tax Payment
- No Tax Due letter issued by the Missouri Department of Revenue.
- Food Service Business: Proof of recent inspection with St. Louis County Department of Health

All of the above items must be received to constitute a complete renewal application. Renewals received after March 1st will be assessed a penalty of an additional 1% per month per Ladue City Code Section 50-17.

**REMIT TO:** City of Ladue 9345 Clayton Rd. Ladue, MO 63124

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**BUSINESS INFORMATION**

Business Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Website: \_\_\_\_\_

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**MAILING/BILLING INFORMATION FOR RENEWAL NOTICES (If different from above)**

Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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**ADDITIONAL**

Business Description: \_\_\_\_\_  
MO Tax ID: \_\_\_\_\_ Number of Employees: \_\_\_\_\_  
Property:  Owned  Rented (check one)      If Rented, Property Owner Name & Phone: \_\_\_\_\_  
\_\_\_\_\_

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As an authorized representative of the above business, I do hereby declare that the information contained in this Tax Due Statement & Worksheet is correct per sections 50-16 thru 50-53 of the City of Ladue code.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

**CITY OF LADUE  
RETAIL BUSINESS TAX DUE WORKSHEET**

|   | BUSINESS NAME: _____  | FOR THE YEAR: _____ |                        |
|---|---|---------------------|------------------------|
| Gross Receipts up to 2 million: Subtract \$12,500, divide by \$1,000 = <b>Line 3</b><br>Amount of Gross Receipts <u>over</u> 2 million: Divide by \$500 = <b>Line 4</b> |   |                     |                        |
| ROW   | TAX FEE CALCULATIONS  | ACTUAL PRIOR YEAR   | ESTIMATED CURRENT YEAR |
| <b>1</b>  | <b>ANNUAL GROSS RECEIPTS</b>  |                     |                        |
| <b>2</b>  | <b>BASE FEE</b> – (Minimum rate for first \$12,500 in revenue.)   | \$50.00             | \$50.00                |
| <b>3</b>  | <b>GROSS RECEIPTS</b> - \$12,500 to \$2,000,000<br>Divide by \$1.00 by \$1,000                                      |                     |                        |
| <b>4</b>  | <b>GROSS RECEIPTS</b> – Over \$2,000,000<br>Divide by \$.50 per \$1,000   |                     |                        |
| <b>5</b>  | <b>SUBTOTAL</b><br>Total of Row 2-4 for each Column   |                     |                        |
| <b>6</b>  | <b>BOTH YEAR TOTALS</b><br>Add total of <i>Actual Prior</i> and <i>Estimated Current</i> , row 5                    |                     |                        |
| <b>7</b>  | <b>LESS PRIOR YEAR PAYMENT</b>  |                     |                        |
| <b>8</b>  | <b>TOTAL AMOUNT DUE</b><br>Subtract row 7 ( <i>Less Prior Year Payment</i> ) from row 6 ( <i>Both Year Totals</i> ) |                     |                        |
| <b>9</b>  | <b>PENALTY (IF APPLICABLE)</b><br>1% of <i>Amount Due</i> per month if paid after March 1 <sup>st</sup>             |                     |                        |
|   |   | <b>TOTAL DUE</b>    |                        |

If you have any questions or need to verify correct payment amount you may email us at [licensing@cityofladue-mo.gov](mailto:licensing@cityofladue-mo.gov) or call (314) 993-3439. This application is also available in alternative format (e.g. large print, braille) by request.