

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

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

- License Tax Due Statement, Complete and Notarized
- License Tax Due Worksheet – *Based on actual gross receipts reported to the Department of Revenue*
- Accurate License Tax Payment
- No Tax Due letter from the Department of Revenue. <https://dor.mo.gov/taxation/business/filing-payment/no-tax-due/>
- Food Service Business: Proof of recent inspection with St. Louis County Department of Health

**Remit to:** City of Ladue 9345 Clayton Rd. Ladue, MO 63124

---

---

**BUSINESS INFORMATION**

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

---

---

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

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

---

---

**ADDITIONAL**

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

---

---

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.

Authorized Representative Name: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**NOTARY**

State of Missouri  
County of \_\_\_\_\_  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ in the year \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**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> 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 Divide by \$1.00 by \$1,000		
<b>4</b>	<b>GROSS RECEIPTS</b> – Over \$2,000,000 Divide by \$.50 per \$1,000		
<b>5</b>	<b>SUBTOTAL</b> Total of Row 2-4 for each Column		
<b>6</b>	<b>BOTH YEAR TOTALS</b> 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> 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> 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.*