



COMMERCIAL OCCUPANCY AND BUSINESS LICENSE APPLICATION

1001 Schroeder Creek Blvd. Wentzville, MO 63385

City Hall: (636) 327-5101 **Community Development:** (636) 327-5102

Email - The completed application to Kathryn.Bowman@wentzvillemo.gov

Welcome to the City of Wentzville! This integrated application process will alert your business activity to multiple departments within the City to help coordinate your business needs in the near future.

Any information deemed not applicable to your business should be signified by "NA". If you have questions regarding this application, please refer to the City's Commercial Occupancy and Business License Guide or contact the appropriate department listed on this form.

Print clearly, completely and legibly as documents may be returned if they are found to be incomplete. Payment must be accompanied with application. There are five pages to this application.

GENERAL INFORMATION

Business Name: _____

Business Address: _____ Local Phone: _____

Mailing Address: _____

Business Email Address: _____

Business Website: _____

Business Owner One Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owners Email: _____

Business Owner Two Name (if applicable): _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Business Owners Email: _____

Property Owners Name (if different from above): _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

Property Owners Email: _____

Does the owner of this business also have a 50% or greater interest in the real estate of the property?

YES NO

Emergency Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

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Manager Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

The utilities should be billed to (Name): _____ listed above.

FOR CITY CLERK'S OFFICE USE ONLY			
Utility Deposit: \$ _____	Date: _____	Receipt: _____	Check#: _____
Service Order #: _____	Account #: _____		
Occupancy: _____	Paid Date: _____	Receipt: _____	OP#: _____ Check #: _____
(Cash Code 300.3130) \$50 Occupancy Fee			
Business License: _____	Paid Date: _____	Receipt: _____	BL#: _____ Check #: _____
(Cash Code 200.0010) \$25 Business License Fee			
Received by: _____	Date Stamp: _____		

Please answer the following questions concerning your proposed business. Use N/A where the question is "Not Applicable".

Planning and Zoning Division (636) 639-2065

1. What type of business are you proposing? (Retail, Manufacturing, etc.) _____

2. If the proposed business is retail sales of items, what type of items will be offered for sale, be specific. _____

3. Will any products be manufactured or assembled in the proposed business? If so, what products?

4. What type of equipment will be used for this proposed business?

5. Will any products, merchandise, equipment or materials be stored outdoors? If so, please list.

6. Are there any vehicles used in association with the proposed business? If so, how many and what type?

7. Will a new trash collection area be used or will you use an existing dumpster on the property?

Building Division (636) 639-2034

1. What was the former use of the space you intend to occupy? _____

2. What is your anticipated use and occupant load? _____
3. How many bathrooms will be provided for: Males? ___ Females? _____ Family type? _____
4. What is the square footage of the space? _____
5. Does this space or building have a basement? _____
6. Is the building or space sprinklered? _____
7. Do you intend on remodeling the space at all? _____ If yes, a building permit is required.

Check with the local Fire Protection District for additional permits or inspections at (636) 332-9869.

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Water and Wastewater Division (636) 639-3563

1. All commercial businesses require a backflow preventer. Size_____ Type (RPZ)_____ (DC)_____
2. Will your business involve any special process which may require pre-treatment of wastes entering the sanitary sewer lines?_____ If so, please contact the Water and Wastewater Division for further direction.
3. Will your business require any change to the existing water and sewer service provided?
4. Will you need a Water Tap? _____ Provide size needed _____
5. Will you need a Sewer Tap? _____ Provide size of lateral _____
6. Will you need a Fire Service Tap? _____ Provide size _____
7. Will you need an Irrigation Tap?_____ Provide size _____
8. Do you need water services at this address? _____YES _____NO
9. Approximate start date? _____

City Clerk's Office - (636) 327-5101

In accordance with City ordinances, all businesses physically located and doing business within the City of Wentzville shall be required to purchase and keep on display at their usual place of business, a City of Wentzville Business License. Renewals are due by February 28 of each year.

Additional licenses required for Adult Entertainment, Amusement, Massage, Pawnbrokers, Payday Loan, Sale of Liquor and Tattoo. Contact the City Clerk's office at (636) 327-5101 for additional information.

Business License Type: (Please check one category that best describes your business):

- | | | |
|--------------------|--------------------------------------|-------------------------------------|
| ___ Manufacturing | ___ Agriculture/Forestry/Fishing | ___ Arts/Entertainment/Recreation |
| ___ Retail | ___ Accommodations and Food Services | ___ Transportation/Public Utilities |
| ___ Wholesale | ___ Service | ___ Payday Loan |
| ___ Car Title Loan | ___ Storage Units | ___ Tattoo Parlor |
| | | ___ Contractor |

Number of Employees: _____ Full Time _____ Part Time _____ Seasonal

Will Alcohol be served by the drink?_____ Package Sales?_____

Amusement devices?_____

Cigarette Sales: Yes No If yes, additional license required. Please provide a list of your distributors:

Mo Sales Tax ID#:_____ Federal Tax Payer ID#:_____

Date Business Scheduled to Open: _____

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The following items are to be acquired by the applicant prior to the issuance of business license.

1. Certifications that all taxes and debts owed the City are paid. A tax or fee due and owed by the applicant shall include any such amount owed by the applicant, whether joint or separately or in joint tenancy or by any partnership, corporation or any other entity in which the applicant holds a 50 percent or greater interest or by any shareholder, member or partner holding 50 percent or greater in such entity. That any person, firm or corporation which has not paid taxes due and owing the City shall not be entitled to a business license until said taxes/debts are paid in full. If no taxes are owed, a tax waiver must be obtained from St. Charles County at (636) 949-7470 or 201 N. Second St., St. Charles, MO 63301.
2. A "NO TAX DUE" form must be obtained from the Department of Revenue and submitted with this application. The applicant must obtain this form within 90 days before the date of submission for application or renewal of the local license. **Cities are not permitted to issue business licenses without this form of verification.** If you need assistance with this, you may contact the Department of Revenue at (573) 751-9268. **If your business does generate retail sales, it is not required to present a statement of no tax due.**
3. License fee of \$25 (made payable to "City of Wentzville") must be submitted when turning in the application. The City accepts cash, check and credit card which will include a two percent additional charge. **No guarantee of issuance with payment.**
4. If you are a **contractor in the construction industry**, you must supply the City with either a Certificate of Insurance for Workers' Compensation coverage **OR** an affidavit, the form of which shall be developed by the Division of Workers' Compensation, signed by the applicant attesting that the contractor is exempt from RSMO 287.061. You may obtain this form on the State website at www.labor.mo.gov/DWC/forms/wc-134-AI.pdf.
5. If you are a **retailer**, you must submit a copy of your State of Missouri Sales Tax License/Certificate.
6. If you are in the **Massage Therapy** business where massages are performed, each massage therapist shall provide to the City a copy of their Business and Individual State of Missouri Business License which is required by RSMO 324.247. **This information is due at the same time as the Business License Application each year.**

***No guarantee of issuance with payment.**

If a license is issued in the middle of the term, fees will be prorated. Please contact the City Clerk to find out the prorated amount before submitting the application. The applicant will need to reapply at renewal time.

I, the undersigned, as the representative, owner or agent of the above referenced address have filled out this form to the best of my ability and agree to conform to all applicable laws of this jurisdiction. I further hereby attest that all information regarding Missouri and Federal Tax information contained herein is coded correctly by said department to report City of Wentzville sales tax.

Signature Print Name Date

I am the: _____OWNER _____AGENT _____LEGAL REPRESENTATIVE

EMERGENCY CONTACT INFORMATION FOR WENTZVILLE BUSINESSES

CONFIDENTIAL - FOR POLICE USE ONLY

Please fill out this form completely and return with your Business License application.

Date: ____/____/____

Name of Business: _____

Address of Business: _____ Suite: ____ Business Phone: _____

#1 Emergency Contact Name: _____

Address: _____ Suite: ____ Phone: _____

#2 Emergency Contact Name: _____

Address: _____ Suite: ____ Phone: _____

Night light Yes _____ No _____

Strong box Yes _____ No _____

Safe Yes _____ No _____

Alarm Yes _____ No _____

Type of Alarm: _____

Company that installed and/or maintains alarm system: _____

Address: _____ Phone: _____

Do you have private security on the premises? Yes _____ No _____

If so, what company?

Name: _____

Address: _____

Phone: _____

What hours are security guard(s) present? _____

Remarks: _____
