

#### COMMERCIAL OCCUPANCY AND BUSINESS LICENSE APPLICATION

1001 Schroeder Creek Blvd. Wentzville, MO 63385

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

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): \_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_ \_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_ Phone:\_\_\_\_ Business Owners Email: \_\_\_\_\_ Property Owners Name (if different from above): \_\_\_\_\_ Address:\_\_\_\_\_ City, State, Zip: \_\_\_\_\_ \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Property Owners Email: Does the owner of this business own 50% or greater interest in the real estate of the property? ☐ YES ☐ NO Emergency Name: Address:\_\_\_\_\_ City, State, Zip: \_\_\_\_\_\_

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Phone: Cell Phone:

# **Commercial Occupancy and Business License Application**

Manag	ger Contact Name:
Addres	ss: City, State, Zip:
Phone	: Cell Phone:
The ut	ilities should be billed to (Name):listed above.
	FOR CITY CLERK'S OFFICE USE ONLY
	lity Deposit: \$ Date: Receipt: Check#:
1 -	vice Order #:
(Ca	sh Code 300.3130) All business spaces 10,000 square feet and under - \$50 Occupancy Fee; All business spaces over 10,000 square t is determined by size (Square feet of area x 0.0050) with \$50 min Occupancy Fee
	siness License: Paid Date: Receipt: BL#: Check #: sh Code 200.0010) \$50 Business License Fee
1 '	ceived by: Date Stamp:
	e answer the following questions concerning your proposed business. Use N/A where the question is "Note table".  Planning and Zoning Division (636) 639-2065  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?(this number will be used to calculate the fee and is required)
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 commercia	al businesses require a bac	kflow preventer. Size	Type (RPZ)	(DC)		
2.	2. Will your business involve any special process which may require pre-treatment of wastes entering the s sewer lines? If so, please contact the Water and Wastewater Division for further direction.						
3.	Will your busi	ness require any change to	the existing water and s	sewer service provided?			
4.	Will you need	a Water Tap?	Provide size needed				
5.	Will you need	a Sewer Tap?	Pro	Provide size of lateral			
6. Will you need a F		a Fire Service Tap?	Pro	vide size	ze		
7. Will you need an I		an Irrigation Tap?	Pro	vide size			
8.	Do you need v	vater services at this addre	ess?	YES	NO		
9.	Approximate:	start date?					
		quired for Adult Entertainn attoo. Contact the City Cle	-				
Busine	ess License Type	: (Please check one catego	ory that best describes yo	our business):			
Manufacturing		Agriculture/Forestry/Fishing		Arts/Entertainn	Arts/Entertainment/Recreation		
Retail		Accommodations and Food Services		Transportation	Transportation/Public Utilities		
Wholesale		Service	Service Payday Loan		Massage Therapy		
Ca	ar Title Loan	Storage Units	Tattoo Parlor	Contractor			
Will Al		:Full Time by the drink? Pac		Seasonal			
		 ′es □ No If yes, additi	onal license required.	Please provide a list	of your distributors		
		Federal Ta	ax Payer ID#:				

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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. If you are a **retailer**, you must submit a copy of your State of Missouri Sales Tax License/Certificate.
- 3. 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. <u>Cities are not permitted to issue business licenses without this form of verification</u>. 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.
- 4. License fee of \$50 (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.
- 5. 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. <a href="https://labor.mo.gov/pubs-and-forms">https://labor.mo.gov/pubs-and-forms</a> search form 134.
- 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

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### **EMERGENCY CONTACT INFORMATION FOR WENTZVILLE BUSINESSES**

## **CONFIDENTIAL - FOR POLICE USE ONLY**

r lease till out tills	s form completely and	rieturii witii your b	usiness License	аррисацоп.
Date:/	_/			
Name of Business	S:			
Address of Busine	ess:		Suite:	Business Phone:
#1 Emergency Co	ntact Name:			
Address:			Suite:	Phone:
#2 Emergency Co	ntact Name:			
Address:			Suite:	Phone:
Night light	Yes	No		
Strong box	Yes			
Safe	Yes	No		
Alarm	Yes	No		
Type of Alarm:				
Company that ins	stalled and/or maintai	ns alarm system:		
Address:			Phone:	
Do you have priva	ate security on the pre	emises? Ye	s No	0
If so, what compa	any?			
Name:				
Address:				
What hours are se	ecurity guard(s) prese	nt?		
Remarks:				

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